

Exhibit 13

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

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)
IN RE JOHNSON & JOHNSON) MDL No. 16-2738
TALCUM POWDER PRODUCTS) (MAS) (RLS)
MARKETING, SALES PRACTICES)
AND PRODUCT LIABILITY)
LITIGATION)
)

VOLUME II
DEPOSITION OF CHERYL SAENZ, M.D.
LA JOLLA, CALIFORNIA
THURSDAY, JUNE 20, 2024
9:03 A.M.

Job No.: 6753337
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Reported by: Leslie A. Todd, CSR No. 5129 and RPR

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1	PROCEEDINGS		
2	-----		
3	EXAMINATION		
4	BY MS. THOMPSON:		
5	Q. Good morning, Dr. Saenz. 09:03:27		1 MS. THOMPSON: And I don't know 09:06:00
6	A. Good morning. 09:03:30		2 what number we left off with yesterday. 09:06:02
7	Q. I'm Margaret Thompson, and I will 09:03:31		3 MS. CURRY: This would be 09:06:05
8	be asking you questions today regarding three 09:03:37		4 Exhibit 33 that you're marking now. 09:06:06
9	plaintiffs: Ms. Tamara Newsome, Ms. Carter 09:03:39		5 MS. THOMPSON: Let's mark 09:06:09
10	Judkins, and Ms. Pasqualina Rausa. 09:03:45		6 Dr. Saenz's expert report for Anne 09:06:11
11	Is that your understanding? 09:03:50		7 Carter Judkins as Exhibit 33. 09:06:15
12	A. Yes. 09:03:51		8 (Exhibit No. 33 was marked for 14:10:28
13	Q. And to give you a heads-up, please 09:03:51		9 identification.)
14	bear with me because I will be asking many of the 09:03:54		10 MS. THOMPSON: And I'm going to 09:07:00
15	same questions with each plaintiff, and that is 09:03:57		11 follow Leigh's example and go more 09:07:03
16	just so we have a clear record for each one since 09:04:02		12 slowly than I typically do since we are 09:07:06
17	we don't know which plaintiff is going to trial. 09:04:07		13 on Zoom. 09:07:09
18	Does that make sense? 09:04:10		14 BY MS. THOMPSON: 09:07:10
19	A. Yes.		15 Q. Dr. Saenz, do you agree that 09:07:10
20	Q. So the intention is not to 09:04:12		16 ovarian cancer is a multifactorial disease? 09:07:12
21	frustrate you or elicit a different answer. It's 09:04:14		17 A. I do believe that ovarian cancer is 09:07:15
22	just so we have the answers to the questions for 09:04:18		18 multifactorial, yes. 09:07:17
23	each plaintiff with their name attached. Okay? 09:04:20		19 Q. And does that mean that a woman can 09:07:19
24	A. Understood. 09:04:23		20 have more than one risk factor? 09:07:23
			21 MS. CURRY: Object to the form. 09:07:26
			22 These questions were asked and answered 09:07:28
			23 yesterday. 09:07:30
			24 BY MS. THOMPSON:
		Page 314	Page 316
1	Q. Let's begin with Ms. Judkins. 09:04:27		1 Q. Would it be possible for 09:07:33
2	Describe the methodology that you used when 09:04:35		2 Ms. Judkins to have more than one risk factor? 09:07:34
3	considering Ms. Carter Judkins' case and whether 09:04:39		3 A. It's possible for Ms. Judkins to 09:07:38
4	or not her ovarian cancer was caused by her 09:04:49		4 have more than one risk factor. It's possible 09:07:40
5	talcum powder use. 09:04:58		5 for her to have no risk factors. It's possible 09:07:45
6	A. So I used the same methodology that 09:04:59		6 for her to have protective factors. The bottom 09:07:49
7	I described in my general causation report. I 09:05:02		7 line is she had ovarian cancer. 09:07:52
8	read all of the literature that is detailed in my 09:05:07		8 Q. And that answers my question. 09:07:53
9	materials considered list. I read through all of 09:05:11		9 Would you also agree that the more 09:07:57
10	her medical records. I read through the 09:05:14		10 risk factors that Ms. Judkins might or might not 09:08:01
11	depositions that were provided, through the 09:05:16		11 have, the more risk factors, the greater her 09:08:11
12	expert reports that were provided, and made an 09:05:22		12 chance of developing ovarian cancer? 09:08:12
13	assessment as to whether or not there was a 09:05:26		13 MS. CURRY: Object to the form. 09:08:14
14	strength of association, consistency in the 09:05:32		14 THE WITNESS: No, I would not 09:08:14
15	literature, evidence of a biologic gradient or 09:05:35		15 agree with that. 09:08:15
16	biologic plausibility for the perineal 09:05:39		16 BY MS. THOMPSON:
17	application of talc causing Ms. Judkins' ovarian 09:05:43		17 Q. So you disagree that she could have 09:08:21
18	cancer.		18 one of the accepted risk factors or five 09:08:22
19	MS. THOMPSON: Leslie, if we could 09:05:52		19 accepted -- your accepted risk factors and her 09:08:27
20	mark -- I think we will do a continuous exhibit 09:05:54		20 chance of developing ovarian cancer would be the 09:08:28
21	list. 09:05:56		21 same? 09:08:30
22	Is that what everybody thinks is 09:05:57		22 MS. CURRY: Object to the form. 09:08:30
23	the easiest way to approach it? 09:05:58		23 THE WITNESS: So I don't use the 09:08:31
24	MS. CURRY: Yeah. 09:06:00		24 word "accepted risk factors." They're 09:08:32

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1	not my accepted risk factors. They're 09:08:34	1	cancer or they don't. It's zero or 100. 09:10:59
2	well-established risk factors. 09:08:37	2	BY MS. THOMPSON: 09:11:05
3	And as I said earlier, someone 09:08:39	3	Q. And you agree that there are 09:11:05
4	that gets ovarian cancer can have zero, 09:08:43	4	multiple articles in the peer-reviewed literature 09:11:07
5	five, none, or have protective factors 09:08:47	5	that would disagree with that statement you just 09:11:10
6	and still get the disease. 09:08:51	6	made. Did you review those? 09:11:13
7	BY MS. THOMPSON:	7	MS. CURRY: Object to the form. 09:11:14
8	Q. So take, for example, we use the 09:08:54	8	THE WITNESS: You would have to 09:11:15
9	ACOG list. Is it your testimony that a plaintiff 09:08:58	9	point me to a particular article, ma'am. 09:11:16
10	could only have age, for example, and she would 09:09:02	10	BY MS. THOMPSON:
11	have the same risk of developing ovarian cancer 09:09:07	11	Q. Does Wu look at cumulative risk 09:11:21
12	as a woman who not only has age but has BRCA, has 09:09:12	12	factors? 09:11:24
13	endometriosis, has a family history, and no 09:09:18	13	MS. CURRY: Object to the form. 09:11:24
14	protective factors? 09:09:27	14	Which Wu article are you referring to? 09:11:25
15	MS. CURRY: Object to the form, 09:09:28	15	MS. THOMPSON: Any of them. 09:11:30
16	asked and answered. 09:09:30	16	MS. CURRY: Also object on the 09:11:31
17	THE WITNESS: I believe this was 09:09:36	17	basis that this was covered yesterday by 09:11:32
18	covered yesterday, ma'am. 09:09:37	18	Leigh in the general opinions portion of 09:11:36
19	BY MS. THOMPSON: 09:09:38	19	the deposition. The time limit has 09:11:41
20	Q. If Ms. Judkins had none of those 09:09:38	20	already been exceeded with respect to 09:11:43
21	risk factors or Ms. Judkins only had age, would 09:09:44	21	general opinions. 09:11:46
22	she have the same risk as if she had all of the 09:09:47	22	And just saying the words "if 09:11:46
23	risk factors? 09:09:50	23	Ms. Judkins," I don't think gets you 09:11:49
24	MS. CURRY: Object to the form. 09:09:51	24	around that objection. It's my 09:11:51
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1	THE WITNESS: So statistics 09:09:52	1	understanding we are here to talk 09:11:55
2	cannot be applied to any one individual 09:09:54	2	specifically about Ms. Judkins, her -- 09:11:56
3	patient to establish causation. 09:09:57	3	and her risk factors or anything within 09:12:00
4	Patients either have ovarian cancer or 09:10:00	4	the report. 09:12:04
5	they don't. We don't use the risk 09:10:01	5	MS. THOMPSON: Object to form is 09:12:07
6	factors in a fashion of attributable 09:10:05	6	fine. But we are talking about 09:12:08
7	risk. She's either zero or 100 when it 09:10:09	7	case-specific opinions and how Dr. Saenz 09:12:11
8	comes to the fact that she has ovarian 09:10:14	8	reached her case-specific opinions, and 09:12:15
9	cancer. 09:10:14	9	this is relevant to each of the 09:12:17
10	BY MS. THOMPSON: 09:10:15	10	plaintiffs, and right now we're talking 09:12:20
11	Q. I'm not asking for attributable 09:10:15	11	about Ms. Judkins. 09:12:23
12	risk. I am saying if you have a woman -- if 09:10:19	12	THE WITNESS: You would have to 09:12:29
13	Ms. Judkins were to have BRCA and age, is that 09:10:27	13	point me to which Wu article you're 09:12:30
14	the same risk as age alone? 09:10:30	14	discussing, ma'am. 09:12:33
15	MS. CURRY: Object to the form. 09:10:33	15	BY MS. THOMPSON: 09:12:33
16	THE WITNESS: You're asking 09:10:37	16	Q. And you don't know that the Wu 09:12:33
17	about cumulative risk, and we don't use 09:10:39	17	articles did look at cumulative risk factors? 09:12:36
18	risk factors in that manner. So she 09:10:42	18	A. I'm asking -- 09:12:38
19	either has ovarian cancer or she 09:10:44	19	MS. CURRY: Object to the form. 09:12:38
20	doesn't. Risk factors are associations, 09:10:46	20	THE WITNESS: I'm asking you to 09:12:38
21	and we don't calculate in a cumulative 09:10:48	21	show me which article you're referring 09:12:39
22	fashion based on the number of risk 09:10:53	22	to, ma'am, so that I can -- 09:12:42
23	factors an individual patient may or may 09:10:55	23	BY MS. THOMPSON:
24	not have. They either have ovarian 09:10:57	24	Q. Well, in -- 09:12:44

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1	A. Ma'am, I'm not finished with my	09:12:45	1 have no idea what causes ovarian cancer in an
2	answer. 09:12:47		09:14:35
3	I would like to answer your	09:12:49	2 individual woman. Would that apply to
4	question, but I would need to see the Wu article	09:12:50	09:14:41
5	that you're referring to to be able to answer	09:12:53	3 Ms. Judkins? 09:14:44
6	your question. 09:12:56		4 A. I don't think I used the word "no" 09:14:44
7	Q. In respect to Dawn's objection,	09:12:59	5 idea." But I think you're asking me the same
8	we're going to try to stick with not going over	09:13:03	6 question you just asked me, and I do not know
9	general literature. I'm just asking you	09:13:07	7 what caused Ms. Judkins' ovarian cancer. 09:14:51
10	questions as to your methodology for case	09:13:09	8 Q. And if you testified to those exact
11	specific. And if you need to see the article,	09:13:12	9 words, would you hold to that opinion? 09:15:02
12	then we'll move on, and the answer is that "I	09:13:14	10 A. I just gave you that opinion, so
13	would need to see the article," and that's fine.	09:13:21	11 yes, that is my opinion. 09:15:06
14	And you have testified that you	09:13:25	12 Q. The no idea? 09:15:10
15	don't know what causes cancer in a woman,	09:13:28	13 MS. CURRY: Object to the form. 09:15:11
16	correct?		14 THE WITNESS: I don't know that
17	MS. CURRY: Objection. This was	09:13:31	15 I said those exact words, ma'am, but
18	covered yesterday. 09:13:32		16 what I'm saying to you right now is I do
19	MS. THOMPSON: Which is an	09:13:37	17 not know what caused Ms. Judkins'
20	opinion that she doesn't know what	09:13:37	18 ovarian cancer. 09:15:20
21	causes cancer in a woman is a	09:13:39	
22	case-specific opinion. Dawn, I don't	09:13:42	19 BY MS. THOMPSON:
23	see how that can be limited.	09:13:45	20 Q. Okay. And is it also your opinion,
24	MS. CURRY: The exact same	09:13:47	21 and this is directly from your report, that there
			22 is no credible scientific data to support the
			23 conclusion that talc contributed to Ms. Judkins'
			24 development of ovarian cancer? Is that your
			09:15:32
			09:15:36
		Page 322	Page 324
1	question was asked on the record	09:13:48	1 opinion today? 09:15:39
2	yesterday. You have her response	09:13:50	2 A. Can you direct me to where you're
3	yesterday. 09:13:52		09:15:41
4	MS. THOMPSON: Okay. If you --		3 reading from? 09:15:43
5	MS. CURRY: I don't want to	09:13:53	4 Q. Your conclusion, first sentence. 09:15:49
6	spend two full days retreading the same	09:13:53	5 And the pages aren't numbered on your
7	thing. 09:13:56		09:15:52
8	And "in a woman" doesn't mean	09:13:56	6 case-specific report, so we'll just have to
9	Ms. Judkins. If you want to ask the	09:13:59	09:15:55
10	question, Do you know whether -- what	09:14:00	7 approximate where they are and find it.
11	the cause of Ms. Judkins' cancer is,	09:14:03	09:15:58
12	that's different than "in any woman" can	09:14:06	8 But it's on the last page under
13	you know the cause of her cancer.	09:14:08	09:16:00
14	MS. THOMPSON: Okay. I believe	09:14:10	9 Conclusion, first sentence: There is no credible
15	it is relevant, but I can certainly add	09:14:11	09:16:03
16	Ms. Judkins and Ms. Rausa and	09:14:15	10 scientific data that talc increases a woman's
17	Ms. Newsome to the question.	09:14:18	09:16:05
18	BY MS. THOMPSON:		11 risk of developing ovarian cancer.
19	Q. You have testified that you don't	09:14:20	09:16:09
20	know what causes cancer in a woman, and would	09:14:21	12 Is that your opinion regarding
21	that apply to Ms. Judkins?	09:14:25	09:16:10
22	A. I do not know what caused	09:14:27	13 Ms. Judkins? 09:16:14
23	Ms. Judkins' ovarian cancer.	09:14:29	14 A. Yes, it is. 09:16:15
24	Q. And you've also testified that you	09:14:32	15 Q. And when you say "no credible"
			09:16:16
			16 scientific data," you mean there is nothing in
			09:16:22
			17 the body of scientific literature, nothing that
			09:16:30
			18 supports this opinion? 09:16:36
			19 MS. CURRY: Object to the form. 09:16:37
			20 THE WITNESS: No, that's not
			09:16:44
			21 true -- there's nothing that supports
			09:16:45
			22 this opinion? No, I believe there's a
			09:16:47
			23 lot of --
			24 BY MS. THOMPSON:

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1 Q. No credible --	09:16:51	1 questions about Ms. Judkins.	09:19:01
2 A. Ma'am, I believe there's a lot of	09:16:52	2 So your interpretation of the	09:19:03
3 literature that supports that opinion.	09:16:54	3 literature is that there is no credible	09:19:05
4 Q. No, I'm talking about supporting	09:16:55	4 scientific data to support the conclusion that	09:19:08
5 the opinion that talc contributed to Ms. Judkins'	09:16:57	5 talc contributed to Ms. Judkins' development of	09:19:13
6 development of ovarian cancer.	09:17:02	6 ovarian cancer?	09:19:15
7 A. So the literature on that topic is	09:17:04	7 And I'm focusing right now on	09:19:16
8 inconsistent. There are some studies that have	09:17:07	8 there's no credible scientific data. Is that	09:19:18
9 shown a positive association, but there are other	09:17:11	9 your opinion today?	09:19:21
10 studies that have not. And even within the	09:17:13	10 A. Yes. The body of the literature,	09:19:22
11 studies with a positive association, there are	09:17:16	11 the totality of the literature does not support	09:19:24
12 internal discrepancies within the studies.	09:17:20	12 that hypothesis.	09:19:27
13 There's no consistent dose-response	09:17:23	13 Q. And you're interpreting that as	09:19:28
14 gradient. There's no biologic plausibility for	09:17:25	14 none, correct?	09:19:33
15 how that cancer would develop from the perineal	09:17:30	15 A. As what?	09:19:35
16 application of talc. There's no data for the	09:17:33	16 Q. No, no credible scientific data.	09:19:35
17 migration of talc from the perineum. And I	09:17:35	17 A. Ma'am, you've asked this question	09:19:37
18 believe that the body of the literature as a	09:17:39	18 and I've answered it about three or four times	09:19:40
19 totality does not support that the perineal	09:17:43	19 now. What I have said to you is that the body of	09:19:42
20 application of talc causes ovarian cancer.	09:17:47	20 the literature in its totality does not support a	09:19:45
21 Q. And you're interpreting what you	09:17:51	21 credible hypothesis that talc applied to the	09:19:48
22 just said as "no credible scientific data." You	09:17:53	22 perineum causes ovarian cancer.	09:19:51
23 didn't say in your report that there was	09:17:59	23 Q. Okay. We'll see if the record	09:19:54
24 inconsistent, inconclusive, or anything else.	09:18:00	24 indicates that you've answered my question three	09:19:56
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1 You said "no credible scientific data," and I'm	09:18:05	1 or four times. You've answered what you wanted	09:19:59
2 just asking today, is that your opinion?	09:18:08	2 to answer.	09:20:01
3 MS. CURRY: Object to the form.	09:18:10	3 MS. CURRY: Object to the form.	09:20:03
4 THE WITNESS: So I said all of	09:18:11	4 BY MS. THOMPSON:	09:20:03
5 that in my general report, and the	09:18:12	5 Q. So if you look at 50 case-control	09:20:03
6 conclusions actually say that the	09:18:14	6 studies --	09:20:05
7 opinions in my general report pertain to	09:18:17	7 MS. CURRY: Object to the	09:20:05
8 this individual case report as well. So	09:18:20	8 argumentative nature of the preface of	09:20:07
9 all of that was covered in my general	09:18:22	9 whatever question you're about to ask.	09:20:09
10 report.	09:18:25	10 BY MS. THOMPSON:	09:20:10
11 BY MS. THOMPSON:		11 Q. Okay. My question is, so with 50	09:20:11
12 Q. Dr. Saenz, I am taking that	09:18:27	12 case-control studies, multiple meta-analyses,	09:20:13
13 sentence directly from Ms. Judkins' report. I	09:18:30	13 cohort studies, IARC, Health Canada, asbestos	09:20:20
14 don't think there's any way you could say that's	09:18:34	14 information, among all of that, your opinion is	09:20:27
15 already been covered.	09:18:36	15 there is no credible scientific data?	09:20:31
16 A. Ma'am, the last sentence under	09:18:37	16 MS. CURRY: Object to the form.	09:20:33
17 Conclusion says: "In addition, all of the	09:18:39	17 BY MS. THOMPSON:	
18 general causation opinions contained in my expert	09:18:41	18 Q. Yes or no?	09:20:35
19 report dated May 21st, 2024, are incorporated	09:18:45	19 MS. CURRY: Object to the form,	09:20:35
20 herein." So that all applies.	09:18:49	20 and asked and answered.	09:20:39
21 Q. Did you mention Ms. Judkins in your	09:18:52	21 THE WITNESS: I stand by my	09:20:39
22 general report?	09:18:54	22 prior answer.	09:20:41
23 A. No, ma'am.	09:18:56	23 BY MS. THOMPSON:	
24 Q. Okay. I'll continue to ask	09:18:57	24 Q. Do you stand by your report?	09:20:44

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1 A. I stand by my report. 09:20:45		1 A. They can be. 09:22:35	
2 Q. Okay. And you don't -- the next 09:20:47		2 Q. All right. Next in that same 09:22:38	
3 part of that opinion is there's no credible 09:20:52		3 sentence, it says: There is no credible 09:22:41	
4 scientific data to support the conclusion that 09:20:55		4 scientific data to support the conclusion that 09:22:44	
5 talc contributed to Ms. Judkins' development of 09:20:59		5 talc contributed to Ms. Judkins' development of 09:22:47	
6 ovarian cancer, and I want to now focus on to 09:21:03		6 ovarian cancer. 09:22:52	
7 support the conclusion. 09:21:06		7 And let's focus on the "talc 09:22:52	
8 You are not looking to -- or are 09:21:13		8 contributed" -- 09:22:55	
9 you looking to the literature to prove the 09:21:16		9 MS. CURRY: I don't -- 09:22:55	
10 conclusion? 09:21:18		10 THE WITNESS: Where are you 09:22:57	
11 MS. CURRY: Object to the form. 09:21:19		11 reading? 09:22:57	
12 THE WITNESS: I don't understand 09:21:22		12 MS. CURRY: Hold on one second. 09:22:59	
13 your question. 09:21:23		13 Margaret, objection. And also I 09:23:00	
14 BY MS. THOMPSON:		14 don't know where you're reading from 09:23:03	
15 Q. When you looked at the literature 09:21:27		15 because the words that you're using are 09:23:04	
16 and determined there was no credible scientific 09:21:29		16 not in the report that we have in front 09:23:06	
17 data, were you trying to prove that it did not 09:21:32		17 of us, so it's very confusing. You're 09:23:08	
18 contribute to Ms. Judkins' development of ovarian 09:21:35		18 asking all these questions about 09:23:11	
19 cancer or just does not support? You would agree 09:21:37		19 support, and the word "support" isn't 09:23:13	
20 that's a much lower bar, correct? 09:21:40		20 even in the document we're looking at. 09:23:15	
21 MS. CURRY: Object to the form. 09:21:43		21 BY MS. THOMPSON:	
22 THE WITNESS: Again, I don't -- 09:21:44		22 Q. Okay. Yeah, I'm sorry that was 09:23:25	
23 I don't really understand what your 09:21:45		23 taken from one of the other reports. 09:23:28	
24 question is. 09:21:47		24 But let's just ask the question, 09:23:30	
Page 330		Page 332	
1 BY MS. THOMPSON: 09:21:47		1 would you agree that contribute is a lower bar 09:23:32	
2 Q. Okay. Is support a conclusion a 09:21:48		2 than cause? 09:23:36	
3 lower bar than prove a conclusion? 09:21:51		3 MS. CURRY: Object to the form. 09:23:38	
4 A. I don't have a quantitative 09:21:53		4 THE WITNESS: Where are we? 09:23:44	
5 analysis on that. 09:21:57		5 BY MS. THOMPSON:	
6 Q. I didn't ask for a quantitative. I 09:21:58		6 Q. I'm just asking --	
7 asked for a qualitative analysis. 09:22:01		7 MS. CURRY: She's just asking a 09:23:46	
8 Is support a lower bar than proof? 09:22:04		8 question. 09:23:48	
9 MS. CURRY: Object to the form. 09:22:09		9 THE WITNESS: I don't -- I don't 09:23:53	
10 THE WITNESS: I don't really see 09:22:10		10 think they're on a scale of any sort. I 09:23:55	
11 a difference in what you're delineating 09:22:12		11 think they're different words with 09:23:58	
12 there. Again, I don't necessarily 09:22:14		12 different meanings. I think that some 09:24:00	
13 understand what you're asking me. 09:22:16		13 people use them interchangeably. I 09:24:03	
14 BY MS. THOMPSON:		14 think that some people don't. 09:24:06	
15 Q. If you say something supports 09:22:19		15 So without a specific example, I 09:24:08	
16 something and something proves something, which 09:22:21		16 can't really just say qualitatively that 09:24:12	
17 is a higher bar? 09:22:23		17 one is a higher bar than the other. 09:24:17	
18 A. I think it can -- 09:22:24		18 BY MS. THOMPSON:	
19 MS. CURRY: Object to the form. 09:22:25		19 Q. In Ms. Rausa's expert report in the 09:24:23	
20 THE WITNESS: I'm sorry. I 09:22:26		20 same section, Conclusion -- 09:24:26	
21 think they can be used interchangeably. 09:22:28		21 A. I'm sorry, are we jumping to Rausa 09:24:28	
22 BY MS. THOMPSON:		22 now? I don't have an exhibit in front of me. 09:24:31	
23 Q. Okay. Support and prove are used 09:22:30		23 MS. THOMPSON: Let's pull of the 09:24:34	
24 interchangeably. 09:22:34		24 expert report for Ms. Rausa, and mark it 09:24:35	

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1 as the next Exhibit 34.	09:24:40	1 A. Ma'am, since we've had an issue 09:28:14
2 (Exhibit No. 34 was marked for		2 already with quoting things that are not exactly 09:28:16
3 identification.)		3 what I wrote, I'd rather see where you're reading 09:28:19
4 BY MS. THOMPSON:		4 from before I comment. 09:28:22
5 Q. If you'll turn to the Conclusion in 09:26:00		5 Q. All right. We can do that. 09:28:24
6 Ms. Rausa's report, and it states exactly what I 09:26:02		6 And it is possible it's from your 09:28:36
7 read for Ms. Judkins, and that is that there is 09:26:09		7 general report, but it applies to -- as you said, 09:28:37
8 no credible scientific data to support the 09:26:11		8 you incorporate everything, so it applies to your 09:28:40
9 conclusion that talc contributed to her 09:26:16		9 case specific. So I will find it. 09:28:43
10 development of ovarian cancer. 09:26:19		10 Okay. If you will look on what 09:30:28
11 Do you have a different opinion in 09:26:21		11 would be page 4 if the pages were numbered, it's 09:30:30
12 Ms. Judkins' case than you do in Ms. Rausa's 09:26:25		12 a paragraph that begins -- it's in Ms. Judkins' 09:30:34
13 case? 09:26:28		13 report -- it's a paragraph that begins "In her 09:30:37
14 A. In terms of whether or not talc 09:26:29		14 reports and in testimony." And I'm reading the 09:30:40
15 contributed to her developing ovarian cancer? 09:26:31		15 second sentence, and if I read it incorrectly -- 09:30:51
16 Q. Correct. 09:26:35		16 A. I'm sorry, the paragraph begins 09:30:52
17 A. No, I do not. 09:26:36		17 what? 09:30:54
18 Q. So would those two sentences be 09:26:37		18 Q. "In her reports and in testimony." 09:30:55
19 interchangeable between Ms. Judkins' and 09:26:43		19 A. Okay, I'm with you. 09:31:03
20 Ms. Rausa's reports? 09:26:47		20 Q. And your statement is: "To 09:31:04
21 A. Well, I wrote one in one and I 09:26:48		21 attribute causation to any of the risk factors 09:31:06
22 wrote the other in the other, but I have the same 09:26:50		22 associated with the development of ovarian cancer 09:31:10
23 opinion for both of these cases, that talc did 09:26:52		23 is scientifically unsound as the mechanism of 09:31:14
24 not contribute to their development of ovarian 09:26:55		24 disease development has yet to be elucidated." 09:31:18
Page 334		Page 336
1 cancer. 09:26:57		1 Is that your opinion regarding 09:31:22
2 Q. And the same opinion that there is 09:26:57		2 Ms. Judkins? 09:31:25
3 no credible scientific data to support the 09:27:00		3 A. Yes, it is. 09:31:26
4 conclusion that talc contributed to her 09:27:02		4 Q. And is it your opinion that the 09:31:27
5 development of ovarian cancer. 09:27:05		5 mechanism of a risk factor has to be elucidated 09:31:31
6 A. Correct. 09:27:08		6 before you can say that talc contributed to 09:31:39
7 Q. Fine. 09:27:08		7 Ms. Judkins' ovarian cancer? 09:31:48
8 And you also state that: "To 09:27:13		8 MS. CURRY: Object to the form. 09:31:49
9 attribute causation to any risk factors 09:27:27		9 THE WITNESS: So I think that 09:31:55
10 associated with the development of ovarian cancer 09:27:31		10 the mechanism by which malignant 09:31:56
11 is scientifically unsound as the mechanism of 09:27:33		11 transformation occurs in any of the five 09:32:02
12 disease development has yet to be elucidated." 09:27:37		12 types of ovarian cancer and how those 09:32:05
13 Is that your opinion for 09:27:41		13 risk factors impact malignant 09:32:10
14 Ms. Judkins? 09:27:42		14 transformation has yet to be elucidated 09:32:13
15 MS. CURRY: Where are you 09:27:43		15 because we don't understand the process 09:32:16
16 reading from? 09:27:44		16 of malignant transformation in ovarian 09:32:20
17 THE WITNESS: Where are we? 09:27:44		17 cancer. 09:32:23
18 BY MS. THOMPSON:		18 So how those risk factors are 09:32:24
19 Q. Well, do you agree with that? 09:28:02		19 contributing to the development of 09:32:29
20 A. Ma'am, where are you reading from? 09:28:04		20 cancer, I don't -- I don't think we 09:32:32
21 Q. Can you just tell me if you agree 09:28:06		21 understand yet. So I don't think we can 09:32:34
22 with the statement. I'll have to go to another 09:28:09		22 apply causation to those risk factors 09:32:37
23 report and see if it applies to all three of your 09:28:11		23 because we don't understand how the 09:32:40
24 opinions. 09:28:13		24 malignant transformation is occurring. 09:32:43

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Page 337	Page 339
1 BY MS. THOMPSON:	1 Q. Okay. But to you, it's more 09:35:31
2 Q. And is it the same that you can't 09:32:47	2 like- -- it's likely? 09:35:35
3 opine as to contribution if the mechanism has not 09:32:55	3 A. Yeah, I don't think that's 09:35:35
4 been fully elucidated as in Ms. Judkins' case? 09:33:00	4 inconsistent with those other definitions. 09:35:36
5 MS. CURRY: Object to the form. 09:33:05	5 Q. Okay. And is elucidated -- well, I 09:35:39
6 THE WITNESS: So I don't think 09:33:08	6 think you've already answered that. 09:35:50
7 you can actually say whether or not a 09:33:09	7 Are there well-established cancer 09:35:52
8 risk factor has contributed to 09:33:14	8 risks in which the mechanism has not been 09:35:57
9 Ms. Judkins developing ovarian cancer 09:33:16	9 elucidated? 09:36:00
10 unless you understand how that risk 09:33:20	10 A. Are there well-established 09:36:03
11 factor works. 09:33:23	11 cancer -- yes, many of them. 09:36:07
12 BY MS. THOMPSON:	12 Q. And why does that not apply to 09:36:10
13 Q. Is elucidation a higher bar than 09:33:27	13 ovarian cancer? 09:36:14
14 plausible in your opinion? 09:33:30	14 MS. CURRY: Object to the form. 09:36:15
15 A. I -- I don't think they're on a 09:33:33	15 THE WITNESS: It absolutely 09:36:17
16 continuum. I think they mean different things. 09:33:37	16 does. It's what we've talked about. 09:36:19
17 Q. What does each mean to you? 09:33:39	17 There are well- established risk factors 09:36:21
18 A. Plausible means is it likely, and 09:33:44	18 for ovarian cancer, but we don't know 09:36:24
19 elucidated means can you explain it. 09:33:49	19 how those actually affect the 09:36:28
20 Q. And when I look up "plausible" in	20 development and malignant 09:36:32
21 the --	21 transformation.
22 A. There's a message on my iPad. I	22 BY MS. THOMPSON: 09:36:34
23 don't know what that was. I don't know, it was	23 Q. If I said "risk factor," I stated 09:36:34
24 like up in the chat or something.	24 that incorrectly. 09:36:38
Page 338	Page 340
1 MS. O'DELL: I apologize. I was	1 Are there carcinogens that are 09:36:40
2 just asking for Michelle to be let in to the	2 known to cause cancers in which the mechanism has 09:36:44
3 Zoom. I apologize.	3 not been fully elucidated? 09:36:48
4 THE WITNESS: Sorry, I just -- I	4 A. I believe so. 09:36:52
5 didn't get a chance to see it.	5 Q. For example, has the mechanism by 09:37:00
6 MS. O'DELL: I'm sorry, I didn't	6 which asbestos causes mesothelioma been fully 09:37:03
7 mean to interrupt.	7 elucidated? 09:37:07
8 (A discussion was held off the	8 A. I don't know. I don't study 09:37:08
9 record.)	9 mesothelioma. 09:37:10
10 BY MS. THOMPSON:	10 Q. Did you study asbestos in ovarian 09:37:10
11 Q. So let's go back to that. So in 09:34:57	11 cancer? 09:37:16
12 your mind, plausible means it is likely, correct? 09:34:57	12 A. I didn't study the mechanism of 09:37:16
13 A. Plausible means that, yes, you 09:35:01	13 carcinogenesis. 09:37:19
14 can -- yes, it's likely. There is a reasonable 09:35:01	14 Q. Why not? 09:37:21
15 explanation for how that would occur. 09:35:04	15 A. Because it isn't relevant to my 09:37:23
16 Q. Now, when I look up the word 09:35:07	16 opinions. 09:37:25
17 "plausibility" in the dictionary, I see 09:35:10	17 Q. And with Ms. Judkins, asbestos was 09:37:30
18 definitions like "believable," "possible," or 09:35:13	18 not relevant to your opinions as to whether 09:37:36
19 "makes sense." 09:35:22	19 talcum powder, even with asbestos, could 09:37:39
20 Would you disagree with that 09:35:23	20 contribute to her ovarian cancer? 09:37:43
21 characterization of plausible? 09:35:25	21 MS. CURRY: Object to the form. 09:37:46
22 MS. CURRY: Object to the form. 09:35:30	22 THE WITNESS: So as I've already 09:37:49
23 THE WITNESS: No. 09:35:31	23 said in my general causation report, the 09:37:50
24 BY MS. THOMPSON: 09:35:31	24 constituents of the baby powder are not 09:37:54

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1	relevant to my opinions because the	09:37:57	1 if there are other types of cancers that you do 09:40:18
2	literature on the perineal application	09:37:59	2 assume there's cause where the mechanism has not 09:40:20
3	of talc does not support an increased	09:38:01	3 been elucidated. 09:40:23
4	risk of ovarian cancer with that	09:38:04	4 This applies directly to 09:40:24
5	application of talc. 09:38:07		5 Ms. Judkins, and I'm asking, are there other 09:40:26
6	BY MS. THOMPSON:		6 cancers that the mechanism has been elucidated 09:40:29
7	Q. And with all due respect, we're	09:38:10	7 where you would not have any trouble saying a 09:40:33
8	talking about Ms. Judkins and whether you	09:38:11	8 particular individual's cancer was caused by 09:40:37
9	consider asbestos as important in your	09:38:15	9 asbestos, for example? 09:40:42
10	case-specific opinion of Ms. Judkins and how talc	09:38:20	10 Does that -- are you understanding 09:40:43
11	could or could not have contributed to her	09:38:25	11 the reasoning? 09:40:46
12	ovarian cancer. 09:38:28		12 MS. CURRY: Object to the form. 09:40:47
13	MS. CURRY: Object to the form. 09:38:28		13 THE WITNESS: No. Because in 09:40:48
14	And just to put on the record that the	09:38:29	14 fact you just said the mechanism has 09:40:49
15	general cause opinions are all	09:38:32	15 been elucidated. So if the mechanism 09:40:52
16	incorporated within each of the	09:38:33	16 has been elucidated, then I don't 09:40:56
17	individual case-specific reports.	09:38:35	17 understand what the question is at all. 09:40:57
18	They've just been produced as separate	09:38:37	18 BY MS. THOMPSON:
19	documents. 09:38:39		19 Q. No, that's not what I'm saying. 09:40:59
20	BY MS. THOMPSON:		20 I'm saying there are other causes of cancer where 09:41:02
21	Q. But you will agree that the	09:38:42	21 the mechanism has not been fully elucidated. But 09:41:05
22	contribution -- potential contribution of	09:38:48	22 I'm just going to continue with my questions, and 09:41:08
23	asbestos in Ms. Judkins' case is relevant, would	09:38:50	23 I'd appreciate it if you would just answer them. 09:41:11
24	you not? 09:38:55		24 Does smoking cause lung cancer? 09:41:14
		Page 342	Page 344
1	A. I do not agree with that statement.	09:38:57	1 MS. CURRY: Object to the form. 09:41:16
2	Q. We'll get to some of the other	09:39:01	2 Same objection. 09:41:17
3	evidence a little later on, and particularly what	09:39:04	3 THE WITNESS: Ms. Judkins was 09:41:17
4	you looked at in that regard. 09:39:12		4 not a smoker, and she didn't have lung 09:41:18
5	But back to the mechanism, does	09:39:14	5 cancer. 09:41:21
6	smoking cause lung cancer? 09:39:17		6 BY MS. THOMPSON: 09:41:22
7	A. How does this apply to Ms. Judkins,	09:39:21	7 Q. Does cancer cause lung cancer? 09:41:22
8	ma'am? 09:39:24		8 MS. CURRY: Object to the form. 09:41:27
9	Q. I -- I ask the questions. 09:39:25		9 THE WITNESS: That doesn't make 09:41:27
10	A. Okay. So -- 09:39:27		10 any sense at all. 09:41:30
11	MS. CURRY: Object to the form. 09:39:28		11 MS. CURRY: You said, Does 09:41:31
12	This is a general cause opinion, and the	09:39:29	12 cancer cause cancer? 09:41:32
13	time limit has run on general cause	09:39:32	13 BY MS. THOMPSON: 09:41:34
14	opinions. 09:39:35		14 Q. Sorry. Does smoking cause lung 09:41:35
15	BY MS. THOMPSON:		15 cancer? 09:41:37
16	Q. You can answer. 09:39:38		16 MS. CURRY: Object to the form. 09:41:37
17	A. This has nothing to do with	09:39:39	17 THE WITNESS: Ms. Judkins was 09:41:37
18	Ms. Judkins. 09:39:41		18 not a smoker. 09:41:38
19	Q. I am looking to your sentence and	09:39:41	19 BY MS. THOMPSON: 09:41:39
20	trying to get -- understand the opinion that it's	09:39:49	20 Q. I didn't ask if Ms. Judkins was a 09:41:40
21	scientifically unsound because the mechanism of	09:39:54	21 smoker. I said, does smoking cause lung cancer? 09:41:42
22	disease development has yet to be elucidated, and	09:40:00	22 A. Ma'am, I'm -- 09:41:45
23	I am trying to understand that opinion. And it	09:40:04	23 MS. CURRY: Outside the scope of 09:41:45
24	is perfectly in the realm of understanding to see	09:40:10	24 the case-specific opinions. 09:41:47

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<p style="text-align: right;">Page 345</p> <p>1 BY MS. THOMPSON: 09:41:50 2 Q. Does smoking cause lung cancer in 09:41:51 3 an individual? 09:41:52 4 MS. CURRY: Same objection. 09:41:57 5 THE WITNESS: Ma'am, Ms. Judkins 09:41:59 6 was not a smoker. 09:41:59 7 BY MS. THOMPSON: 8 Q. Are you not going to be able to 09:42:04 9 answer questions? 09:42:06 10 A. I'm -- 09:42:07 11 MS. CURRY: She should be 09:42:08 12 limited to what's in the case-specific 09:42:09 13 opinions about Ms. Judkins. That's what 09:42:12 14 we're here for today. 09:42:14 15 MS. THOMPSON: Are you 09:42:16 16 instructing her not to answer a question 09:42:16 17 that clearly relates to the opinion in 09:42:18 18 her report of why she can't attribute 09:42:22 19 causation? 09:42:26 20 MS. CURRY: I'm not instructing 09:42:27 21 her not to answer that question, but 09:42:29 22 we're not going to spend seven hours 09:42:31 23 today retreading general opinions. The 09:42:33 24 general opinion portion has ended. 09:42:37</p>	<p style="text-align: right;">Page 347</p> <p>1 cause lung cancer? Yes, we do. But that's 09:43:51 2 because there is a consistency in the literature, 09:43:54 3 there is a consistent strength of association, 09:43:58 4 there is evidence of a biologic gradient, and a 09:44:01 5 dose-response curve. Those things do not exist 09:44:05 6 for the perineal application of talc and patients 09:44:09 7 developing ovarian cancer. 09:44:13 8 BY MS. THOMPSON: 09:44:15 9 Q. And because of all those reasons, 09:44:18 10 you would accept smoking as contributing to lung 09:44:20 11 cancer, even though the mechanism hasn't been 09:44:24 12 fully elucidated. 09:44:27 13 MS. CURRY: Object to the form. 09:44:28 14 THE WITNESS: Correct. 09:44:30 15 BY MS. THOMPSON: 16 Q. In your report -- and it's a little 09:44:36 17 challenging without page numbers, but we will 09:45:01 18 manage -- below the sentence we just read to 09:45:09 19 attribute causation to any of the risk factors, 09:45:14 20 you have the sentence -- and this is in 09:45:19 21 Ms. Judkins' report, just to be clear -- "While 09:45:23 22 it is true that germline mutations, incessant 09:45:28 23 ovulation, hormone replacement therapy, and 09:45:33 24 family history are all positively associated with 09:45:37</p>
<p style="text-align: right;">Page 346</p> <p>1 If you want to ask -- if you 09:42:38 2 want to finish with that sentence that's 09:42:39 3 in Ms. Judkins' report, that's fine, but 09:42:41 4 the question has been -- 09:42:46 5 MS. THOMPSON: I refer back -- 09:42:48 6 sorry, Dawn. I referred it back to this 09:42:48 7 opinion with every question, but I will 09:42:51 8 continue to make sure the name 09:42:56 9 Ms. Judkins is in the question. 09:43:00 10 BY MS. THOMPSON: 11 Q. All right. You cannot attribute 09:43:01 12 causation to any of the risk factors in 09:43:04 13 Ms. Judkins' case because the mechanism has not 09:43:07 14 been elucidated. 09:43:11 15 Would that apply if we were talking 09:43:14 16 about smoking and lung cancer in Ms. Judkins' 09:43:17 17 case? 09:43:19 18 A. So not every patient that gets lung 09:43:20 19 cancer is a smoker. The contribution of smoking 09:43:27 20 to any individual person's lung cancer is 09:43:30 21 unknown, even if they were a smoker. And lung 09:43:36 22 cancer, like ovarian cancer, is multifactorial. 09:43:40 23 So do we accept in the medical 09:43:44 24 community that smoking contributes to and can 09:43:47</p>	<p style="text-align: right;">Page 348</p> <p>1 the development of ovarian cancer, there is not a 09:45:40 2 causal role attributed to any of these risk 09:45:44 3 factors, just as any of the factors known to 09:45:51 4 decrease the risk of ovarian cancer cannot be 09:45:54 5 attributed with a preventive role, e.g., BTL, use 09:45:57 6 of OCPs, et cetera." 09:46:04 7 If you don't mind, I'm going to try 09:46:06 8 to break that down a little bit just so I can 09:46:08 9 understand your opinion. 09:46:12 10 Is it your opinion that the 09:46:16 11 mechanism for germline mutations -- well, let's 09:46:19 12 take them one by one. 09:46:27 13 Has the mechanism been elucidated 09:46:29 14 by germline mutations, specifically BRCA1 and 2? 09:46:32 15 MS. CURRY: Object to the form. 09:46:39 16 THE WITNESS: The mechanism of 09:46:40 17 what? 09:46:41 18 BY MS. THOMPSON: 19 Q. Carcinogenesis -- ovarian 09:46:45 20 carcinogenesis. 09:46:46 21 A. So for many of the genes that 09:46:48 22 patients who have germline mutations are thought 09:46:50 23 to be at an increased risk of developing ovarian 09:46:54 24 cancer, we understand the function of those genes 09:46:57</p>

<p style="text-align: right;">Page 349</p> <p>1 in many, many cases. But how that particular 09:47:02 2 mutation in that particular patient ultimately 09:47:10 3 leads to the development of ovarian cancer, we 09:47:14 4 don't understand that, because there are many 09:47:18 5 patients that have mutations, germline mutations, 09:47:21 6 that never develop the cancer. 09:47:25 7 And so that level of understanding 09:47:28 8 has not yet -- we don't understand that yet. Why 09:47:33 9 do some patients get cancer and others don't, 09:47:38 10 despite the fact that those patients have 09:47:42 11 germline mutations? 09:47:45 12 So do we understand that the BRCA 09:47:46 13 genes are involved in homologous recombination 09:47:52 14 deficiency? Yes. But how that then goes on to 09:47:55 15 lead to cancer in some and not others, we don't 09:48:00 16 understand. 09:48:03 17 Q. So I'm hearing you say that BRCA1 09:48:06 18 and 2, the mechanism for ovarian carcinogenesis, 09:48:15 19 is not fully elucidated. Is that a correct -- is 09:48:25 20 that what you're testifying? 09:48:27 21 A. What I'm testifying is we 09:48:28 22 understand the function of the gene. We do not 09:48:29 23 know why some patients go on to get cancer and 09:48:32 24 others don't. 09:48:39</p>	<p style="text-align: right;">Page 351</p> <p>1 ovarian cancer, we do not understand that. 09:49:50 2 And that's supported by the data 09:49:52 3 that ovulation suppressive things, such as birth 09:49:58 4 control pills, pregnancy, breastfeeding, the 09:50:07 5 percentage of risk reduction that you get from 09:50:13 6 those things far exceeds simply the number of 09:50:16 7 ovulatory events that you don't have as a result 09:50:21 8 of those interventions. And so we really don't 09:50:24 9 understand why incessant ovulation is a risk 09:50:30 10 factor for the development of ovarian cancer. 09:50:34 11 Q. And that's why you include 09:50:36 12 incessant ovulation in this opinion that you 09:50:42 13 cannot attribute a causal role, correct? 09:50:44 14 A. You can't attribute a causal role 09:50:48 15 because we don't know why it is associated. We 09:50:52 16 just know that it is. 09:50:55 17 Q. And on the flip side of that, you 09:50:56 18 discussed oral contraceptives, and you cannot 09:50:58 19 determine a preventative role because we don't 09:51:04 20 understand fully the mechanism, correct? 09:51:11 21 A. Correct. 22 Q. And you also list hormone 09:51:17 23 replacement therapy, and it's your opinion that 09:51:19 24 any hormone replacement is positively associated 09:51:27</p>
<p style="text-align: right;">Page 350</p> <p>1 Q. So it's not fully elucidated, 09:48:40 2 correct? 3 MS. CURRY: Object to the form. 09:48:42 4 THE WITNESS: What's not fully 09:48:42 5 elucidated is how that genetic mutation 09:48:44 6 ultimately causes ovarian cancer in some 09:48:48 7 but not in others. 09:48:51 8 BY MS. THOMPSON: 9 Q. And that's why you say in this 09:48:53 10 sentence, it says there is not a causal role 09:48:56 11 attributed to any of these risk factors, 09:49:00 12 including germline mutations, correct? 09:49:04 13 A. Yes. 14 Q. And then the next, incessant 09:49:09 15 ovulation, is it your opinion that the mechanism 09:49:13 16 by which incessant ovulation could result in 09:49:16 17 ovarian carcinogenesis has not been fully 09:49:22 18 elucidated? 09:49:27 19 A. So we don't actually know that 09:49:27 20 incessant ovulation causes ovarian cancer. We 09:49:30 21 know that incessant ovulation is associated with 09:49:33 22 the development of ovarian cancer, but how that 09:49:36 23 risk factor actually -- how is it that incessant 09:49:40 24 ovulation contributes to the development of 09:49:47</p>	<p style="text-align: right;">Page 352</p> <p>1 with the development of ovarian cancer? 09:51:29 2 MS. CURRY: Object to the form. 09:51:30 3 THE WITNESS: It's associated 09:51:31 4 with an increased risk of developing 09:51:32 5 ovarian cancer. 09:51:34 6 BY MS. THOMPSON: 09:51:35 7 Q. Positively associated with 09:51:40 8 development of ovarian cancer. 09:51:41 9 A. I said increased risk. 09:51:43 10 Q. I'm just reading from your report. 09:51:47 11 A. That's correct. 09:51:58 12 Q. Okay. And family history, what 09:51:59 13 constitutes a family history that would be 09:52:04 14 positively associated with the development of 09:52:10 15 ovarian cancer? 09:52:12 16 A. Ma'am, we covered this yesterday. 09:52:13 17 Q. What family history in 09:52:18 18 Ms. Judkins -- I'm reading directly out of your 09:52:20 19 Judkins case-specific report. I assume that you 09:52:22 20 put things and opinions in this report that apply 09:52:26 21 to Ms. Judkins. 09:52:30 22 What family history in Ms. Judkins 09:52:32 23 would constitute a positive association with the 09:52:35 24 development of ovarian cancer? 09:52:38</p>

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<p>1 A. So Ms. Judkins had a family history 09:52:40 2 of breast cancer, not in any first-degree 09:53:01 3 relatives, but she did have a family history of 09:53:04 4 breast cancer. She also had a family member that 09:53:07 5 had pancreatic cancer, and another family member 09:53:10 6 that had prostate cancer, and then she had two 09:53:15 7 other family members that had some type of 09:53:19 8 genitourinary cancer. She wasn't sure what type 09:53:27 9 exactly. She had one that she identified as 09:53:30 10 either bladder or kidney, and another relative 09:53:33 11 that had either bladder or kidney. So she had, 09:53:37 12 by my count, roughly six non-first-degree 09:53:41 13 relatives that had cancer. 09:53:46</p> <p>14 Q. And is it your opinion that 09:53:48 15 Ms. Judkins' family history would be positively 09:53:50 16 associated with the development of ovarian 09:53:55 17 cancer? 09:53:58</p> <p>18 A. I think the relatives that had 09:53:58 19 cancer were too many generations away from her to 09:54:03 20 actually constitute an increase in her risk of 09:54:07 21 developing ovarian cancer. 09:54:12</p> <p>22 Q. Okay. And if there is no increased 09:54:15 23 risk, there will be no causal role, correct? 09:54:17</p> <p>24 A. Well, I wouldn't attribute a causal 09:54:22</p>	<p>1 Q. Okay. As preventive. 09:56:36 2 A. Correct. 09:56:38 3 Q. Got it. And when you say "are 09:56:38 4 still hypotheses," could you explain to me what 09:56:47 5 you mean that those would be -- still be 09:56:50 6 hypotheses as they could relate to Ms. Judkins or 09:56:54 7 another individual? 09:56:57</p> <p>8 A. So, for example, the incessant 09:56:59 9 ovulation hypothesis which was proposed by 09:57:08 10 Fathalla in 1971, the hypothesis was that the 09:57:10 11 disruption of the ovarian surface with ovulation 09:57:14 12 leads to damage, which ultimately can result in 09:57:19 13 DNA damage, and then lead to carcinoma. 09:57:23</p> <p>14 But as I've already explained a few 09:57:28 15 minutes ago, we also know that the amount of 09:57:30 16 benefit in terms of reduction of risk seen by 09:57:36 17 measures that remove ovulatory events from a 09:57:41 18 woman's lifetime history, such as breastfeeding, 09:57:43 19 such as pregnancy, such as use of oral 09:57:48 20 contraceptives, that benefit is far out and 09:57:51 21 above -- above in proportion to simply 09:57:56 22 eliminating those number of lifetime ovulatory 09:57:59 23 events. 09:58:03</p> <p>24 And so that contradicts the simple 09:58:04</p>
<p>1 role in any one individual anyway. 09:54:26</p> <p>2 Q. Okay. Understood. 09:54:29</p> <p>3 And further on in Ms. Judkins' 09:55:05 4 report -- and I will need to find the 09:55:05 5 place. 09:55:07</p> <p>6 We're in the same paragraph. A 09:55:39 7 little further down, you state: "These 09:55:42 8 factors" -- 09:55:47</p> <p>9 Did you find it? 09:55:49</p> <p>10 A. Yes, ma'am. 09:55:50</p> <p>11 Q. -- "are merely associations, and 09:55:51 12 how the actual disease develops and why these 09:55:55 13 factors are either positively or negatively 09:55:59 14 associated with the development of ovarian cancer 09:56:04 15 are still hypotheses." 09:56:09</p> <p>16 What factors are you referring to 09:56:14 17 in that sentence? 09:56:16</p> <p>18 A. The ones that we just mentioned in 09:56:17 19 the sentences above. 09:56:19</p> <p>20 Q. Okay. So that would apply to 09:56:24 21 germline mutations, incessant ovulation, hormone 09:56:26 22 replacement therapy and family history, correct? 09:56:29</p> <p>23 A. Correct, as well as the BTLs, use 09:56:31 24 of OCPs, et cetera. 09:56:34</p>	<p>1 fact that it's just an ovulatory event leading to 09:58:08 2 DNA damage that is the reason that incessant 09:58:12 3 ovulation is associated with ovarian cancer. We 09:58:16 4 don't understand why that is, and so that's why 09:58:20 5 it's a hypothesis. 09:58:24</p> <p>6 Q. When you use the word "hypothesis," 09:58:32 7 is that equivalent to implausible in your mind? 09:58:34</p> <p>8 A. No. 09:58:39</p> <p>9 Q. So are hypotheses plausible? 09:58:41</p> <p>10 MS. CURRY: Object to the form. 09:58:45</p> <p>11 THE WITNESS: Hypotheses are 09:58:48 12 propositions. Some of them are 09:58:49 13 plausible, some of them are not. I 09:58:52 14 think you have to evaluate each 09:58:55 15 hypothesis at its face value. 09:58:57</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. So when you used the word 09:59:03 18 "hypothesis," how do we tell whether you think 09:59:06 19 it's a plausible hypothesis or an implausible 09:59:08 20 hypothesis? 09:59:14</p> <p>21 A. You can ask me. 09:59:14</p> <p>22 Q. All right. So let's take this 09:59:15 23 sentence in Ms. Judkins' report where you use 09:59:20 24 "hypothesis" to refer to the factors germline 09:59:23</p>

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1	mutation, incessant ovulation, hormone	09:59:28	1 actually associated with that disease. Sometimes
2	replacement and family history.	09:59:32	2 your hypothesis is right, sometimes it's wrong.
3	Are those plausible hypotheses for	09:59:35	3 MS. THOMPSON: I will object to
4	a contribution or implausible?	09:59:40	4 the entire answer as being
5	MS. CURRY: Objection.	09:59:43	5 nonresponsive.
6	Compound, and already asked and answered	09:59:45	6 BY MS. THOMPSON:
7	with respect to incessant ovulation.	09:59:48	7 Q. My question was in this sentence
8	MS. THOMPSON: Okay. We can --	09:59:50	8 that we just read in Ms. Judkins' report: "These
9	I don't believe so, but let's take them	09:59:51	9 factors are merely associations, and how the
10	one by one.	09:59:52	10 actual disease develops and why these factors are
11	BY MS. THOMPSON:		11 either positively or negatively associated with
12	Q. Is a hypothesis for how germline	09:59:58	12 the development of ovarian cancer are still
13	mutations can contribute to ovarian	10:00:00	13 hypotheses."
14	carcinogenesis plausible?	10:00:06	14 I'm asking what in that sentence is
15	A. Which hypothesis?	10:00:08	15 the hypothesis?
16	Q. I'm -- I think I'm reading directly	10:00:10	16 MS. CURRY: Objection. That's
17	from your report, if you want to look at that	10:00:16	17 exactly what she just answered.
18	sentence again.	10:00:18	18 MS. THOMPSON: I didn't ask
19	A. You're reading a risk factor.	10:00:20	19 anything about Huang and CRP and --
20	You're not telling me the hypothesis of how that	10:00:21	20 BY MS. THOMPSON:
21	would cause ovarian cancer.	10:00:23	21 Q. What in this -- in this sentence,
22	Q. You're saying how the actual	10:00:30	22 what does "hypothesis" refer to?
23	disease develops in that sentence. Agree?	10:00:32	23 MS. CURRY: Objection.
24	Or you tell me, in that sentence	10:00:38	24 BY MS. THOMPSON:
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1	what does "hypothesis" refer to?	10:00:41	1 Q. Because I was assuming that it's
2	A. We don't understand the mechanism.	10:00:42	2 how the actual disease develops. Am I -- is that
3	It's not as simplistic as simply having one of	10:00:52	3 an incorrect assumption?
4	those risk factors. So there are various	10:00:56	4 A. The hypotheses are trying to figure
5	scientific experiments out there that are being	10:00:58	5 out why these risk factors are associated with
6	conducted to try to answer those questions.	10:01:01	6 the disease.
7	Those scientific experiments all start with	10:01:05	7 Q. That's what I took it to mean too.
8	hypotheses.	10:01:09	8 I just wanted clarification on that.
9	So, for example, the Huang paper	10:01:11	9 And so how germline mutations -- so
10	that we talked about yesterday, they thought they	10:01:14	10 let's just make that BRCA1 and 2. So how BRCA1
11	would find elevated levels of CRP in women that	10:01:18	11 and 2 mutations -- let me rephrase that so I use
12	had more lifetime ovulatory years. They in fact	10:01:21	12 your exact language.
13	did not find that. They found lower CRP levels	10:01:25	13 So how the actual disease develops
14	in women with more lifetime ovulatory years. So	10:01:29	14 as a result of BRCA1 and BRCA2 is a hypothesis.
15	they said that their original hypothesis was that	10:01:33	15 Did I understand --
16	they thought ovulation would contribute to the	10:01:36	16 A. I don't honestly understand what
17	development of systemic chronic inflammation, but	10:01:40	17 you're dissecting here, ma'am. I'm sorry, but --
18	in fact when they did the experiment, they found	10:01:45	18 Q. I'm not trying to dissect anything.
19	the opposite.	10:01:47	19 I'm just trying to understand your opinion. So
20	And so that's what I mean by you	10:01:49	20 let me ask it again.
21	have a risk factor, you know that it's associated	10:01:52	21 And I'm taking it -- trying to use
22	with the development of a disease, and that as a	10:01:55	22 your exact words.
23	scientist, you go about designing experiments to	10:01:58	23 So how the actual disease develops
24	try to figure out how that risk factor is	10:02:01	24 from a BRCA1 or BRCA2 germline mutations is a

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1 hypothesis.	10:04:46	1 BY MS. THOMPSON:	10:06:52
2 A. Again, ma'am, I don't understand	10:04:53	2 Q. Okay, we're getting there. And	10:06:53
3 what you're dissecting. I answered your question	10:04:54	3 that's why you would not identify any of those as	10:06:54
4 before, and what I'm saying is we have hypotheses	10:04:58	4 causal, correct?	10:06:58
5 about why all of these factors have been	10:05:00	5 A. Correct.	10:07:00
6 associated with the development of ovarian	10:05:03	6 Q. Okay. And I'm really not trying to	10:07:04
7 cancer. But actually understanding the mechanism	10:05:05	7 trick you or to get you to say something you	10:07:07
8 of how these risk factors lead to the development	10:05:09	8 don't want to say. I'm really just trying to	10:07:10
9 of disease, that's what remains a hypothesis. We	10:05:13	9 understand what's in your report.	10:07:13
10 don't understand that. Not yet. We hope to.	10:05:17	10 Fair?	10:07:15
11 Q. And I believe that was just my	10:05:24	11 A. Fair.	10:07:15
12 question. It wasn't meant to be, you know,	10:05:25	12 Q. Okay. All right. Moving on --	10:07:15
13 controversial, and I'm going to ask the same --	10:05:28	13 moving right along.	10:07:18
14 A. But I answered that before, and now	10:05:29	14 I have the list of the materials	10:07:28
15 you're trying to pick it out for each individual	10:05:31	15 considered specifically for Ms. Judkins, and if	10:07:30
16 one, and I answered it collectively.	10:05:34	16 you want to turn to the end of your case-specific	10:07:34
17 Q. Well --	10:05:38	17 report on Ms. Judkins, you will see that list.	10:07:41
18 A. So that's --	10:05:39	18 And you'll agree it's extensive, correct?	10:07:45
19 Q. -- that's a fair criticism, but	10:05:41	19 A. There are a number of items listed	10:07:50
20 when I asked them collectively --	10:05:43	20 here.	10:07:55
21 MS. CURRY: I did object.	10:05:45	21 Q. And it includes --	10:07:55
22 BY MS. THOMPSON:		22 MS. CURRY: I just -- sorry, I	10:07:55
23 Q. -- it was objected to as a compound	10:05:46	23 do not mean to cut you off, Margaret. I	10:07:57
24 question. So, you know, I'm good either way.	10:05:48	24 just want to make clear that the -- all	10:08:00
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1 THE WITNESS: Okay, shame on	10:05:48	1 of the references in the materials	10:08:02
2 you --	10:05:49	2 considered list for the general report	10:08:05
3 MS. CURRY: I will take the	10:05:50	3 are obviously relevant here as well, but	10:08:10
4 blame on that one.	10:05:52	4 these are case-specific items that are	10:08:11
5 BY MS. THOMPSON:		5 specifically in the Judkins report as	10:08:13
6 Q. Just tell me and I will be happy to	10:05:53	6 well. Just so the record is clear on	10:08:16
7 do it either way.	10:05:55	7 that.	10:08:18
8 A. Shame on you.	10:05:57	8 BY MS. THOMPSON:	
9 Q. That's okay.		9 Q. Okay. So when you were invoicing	10:08:19
10 A. I answered them collectively.	10:05:59	10 for review of the Carter Judkins case, the review	10:08:21
11 Q. So you would say that how the	10:06:04	11 of these materials and the writing of the case-	10:08:25
12 actual disease develops as a result of a germline	10:06:07	12 specific report would be included in that	10:08:27
13 mutation, incessant ovulation, hormone	10:06:11	13 invoice. Is that right?	10:08:29
14 replacement or a significant family history, how	10:06:15	14 A. Up through any materials that were	10:08:33
15 that actually -- how the actual disease develops,	10:06:20	15 produced to me before the February 2022 date.	10:08:36
16 those would be hypotheses, correct?	10:06:26	16 Q. Understood. And I'm just speaking	10:08:45
17 MS. CURRY: Object to the form.	10:06:30	17 generally, not in regard to a specific invoice.	10:08:47
18 THE WITNESS: What we don't	10:06:31	18 I probably didn't make that clear.	10:08:50
19 understand yet, what is the hypothesis	10:06:32	19 A. One other thing, Ms. Thompson, if I	10:08:52
20 is why these identified -- is how these	10:06:35	20 may, the -- the second -- I don't know if it's	10:08:56
21 identified risk factors actually lead to	10:06:39	21 second. I don't know what number. But also the	10:09:00
22 the development of ovarian cancer.	10:06:42	22 amended report of Dr. Wolf that was dated I	10:09:03
23 That's what the hypothesis is -- or what	10:06:45	23 believe May 28, 2024, is not on this list, but I	10:09:08
24 the hypotheses are.	10:06:51	24 did see that as well.	10:09:11

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<p>1 Q. Okay. And I think that was in the 10:09:13 2 record from yesterday -- 10:09:15 3 A. Okay, thank you. 10:09:17 4 Q. -- that that should be included as 10:09:19 5 well. 10:09:23 6 I have a few questions. I assume 10:09:30 7 you wanted to be thorough when you reviewed 10:09:32 8 Ms. Judkins' case, right? 10:09:36 9 A. Yes. 10:09:38 10 Q. I just have one question why you 10:09:42 11 included Saed's confidential documents on the 10:09:45 12 materials considered for the case-specific 10:09:53 13 evaluations. 10:09:57 14 A. I'm not sure. 10:10:12 15 Q. All right. That's a good answer. 10:10:17 16 And I'm going to assume there is no 10:10:22 17 literature on the materials relied upon in the 10:10:24 18 case-specific reports, but I'm going to assume 10:10:28 19 that all of the literature in your general report 10:10:32 20 would be part of your case specific. Correct? 10:10:35 21 A. I think that's fair. 10:10:38 22 Q. Okay. Do you have an estimate of 10:10:40 23 how much time -- I think we did this yesterday in 10:10:54 24 some regard that -- of how much time you spent 10:10:57</p>	<p>1 that you spent something like 65 hours since the 10:12:19 2 2022 invoice, am I remembering that correctly, on 10:12:29 3 the four plaintiffs? 10:12:32 4 MS. CURRY: Object to the form. 10:12:33 5 THE WITNESS: I think I said 10:12:34 6 somewhere between 50 to 60 hours on -- 10:12:36 7 BY MS. THOMPSON: 8 Q. And so -- 10:12:39 9 A. -- on everything -- 10:12:40 10 Q. Sorry. 10:12:41 11 A. -- since the February 2022 -- 10:12:42 12 Q. So that would include -- 10:12:44 13 MS. CURRY: Including MDL 10:12:46 14 generally. 10:12:48 15 THE WITNESS: Including general, 10:12:49 16 correct. 10:12:50 17 BY MS. THOMPSON: 18 Q. Okay. So that included both. I 10:12:51 19 just wanted to clarify on that. 10:12:52 20 A. Yes. Yes. 10:12:54 21 Q. So the 47 hours prior to '22 and 10:12:55 22 about four hours since would be approximately 50 10:12:58 23 hours on Ms. Judkins' case, correct? 10:13:01 24 A. I think that sounds accurate. 10:13:04</p>
<p>1 reviewing the materials on your case-specific 10:11:03 2 reliance list for Ms. Judkins and the writing of 10:11:09 3 her report. 10:11:12 4 A. Since 2022 or -- 10:11:13 5 Q. Total. 10:11:17 6 A. Okay. So can I see the invoice 10:11:18 7 from February of 2022? Because I don't remember 10:11:20 8 how many hours I spent before then. 10:11:23 9 MS. CURRY: I'm just going to 10:11:25 10 hand her what was previously marked as 10:11:26 11 Exhibit 5 yesterday, if that's okay. 10:11:28 12 MS. THOMPSON: Yeah, that would 10:11:31 13 be great. Thank you. 10:11:32 14 THE WITNESS: Okay. So through 10:11:42 15 February of 2022, I spent 47.75 hours on 10:11:44 16 Ms. Judkins' case specific, and then any 10:11:53 17 materials I received after that, I think 10:11:59 18 I probably spent another total of four 10:12:03 19 or five hours on Ms. Judkins. 10:12:07 20 BY MS. THOMPSON: 21 Q. And that would include preparation 10:12:12 22 for the deposition today? 10:12:13 23 A. Yes. 24 Q. And I think you testified yesterday 10:12:18</p>	<p>1 Q. Can you envision any case in this 10:13:07 2 litigation in which you would determine that a 10:13:10 3 woman's talcum powder use could possibly have 10:13:16 4 contributed to the development of her ovarian 10:13:20 5 cancer? 10:13:23 6 MS. CURRY: Objection. Asked 10:13:23 7 and answered yesterday. 10:13:25 8 BY MS. THOMPSON: 9 Q. It -- I think it's related to case 10:13:28 10 specific, so you can answer. 10:13:31 11 A. So based on the current state of 10:13:35 12 the science, I do not have the opinion that any 10:13:38 13 woman involved in this case applying talc to her 10:13:45 14 perineum increased her risk of developing ovarian 10:13:48 15 cancer by that action. 10:13:52 16 Q. So my question is, why did you go 10:13:56 17 to the time and effort of reviewing all of 10:14:02 18 Ms. Judkins' medical records, deposition 10:14:07 19 testimony, other expert reports, and everything 10:14:10 20 on your reliance list, if you knew that you would 10:14:13 21 not find talcum powder as a contributing cause 10:14:17 22 regardless of what was in those records? 10:14:22 23 A. I think it was important for me to 10:14:24 24 have a comprehensive view of the medical history, 10:14:28</p>

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1	medical care that Ms. Judkins received, and to 10:14:33	1	A. Correct. 10:17:34
2	understand her opinions and her other risk 10:14:37	2	Q. And she had menarche at age 13 and 10:17:38
3	factors for the development of ovarian cancer. 10:14:42	3	menopause reported at age 50. Is that your 10:17:40
4	Q. But none of that impacted your 10:14:45	4	understanding? 10:17:43
5	opinion that Ms. Judkins' ovarian cancer is not 10:14:53	5	A. I gathered from the medical records 10:17:44
6	at all related to her use of talc. 10:14:58	6	and the other documents I looked at that menarche 10:17:48
7	And I'm reading that from the 10:15:01	7	was somewhere between 12 and 13, and menopause 10:17:53
8	conclusion of your report if you want to make 10:15:03	8	was somewhere between 48 and 50. 10:17:55
9	sure I read that properly. 10:15:05	9	Q. And that would be in the average 10:17:57
10	A. None of that impacted the 10:15:11	10	range as well. Would you agree? 10:18:00
11	conclusion that it was related to talc, but 10:15:12	11	A. I believe that's correct. 10:18:01
12	having a thorough understanding and comprehensive 10:15:14	12	Q. And so you did not consider her to 10:18:03
13	view of Ms. Judkins and her history of ovarian 10:15:19	13	have excessive lifetime ovulations, correct? 10:18:08
14	cancer was important for me to be able to give my 10:15:26	14	A. That -- I think she had an average 10:18:13
15	opinions in this case. 10:15:29	15	number of lifetime ovulatory years, yes. 10:18:15
16	Q. And you do not identify any risk 10:15:33	16	Q. And she had three pregnancies for 10:18:18
17	factors for Ms. Judkins, correct? 10:15:38	17	which she breastfed, correct? 10:18:21
18	MS. CURRY: Object to the form. 10:15:41	18	A. That's correct. 10:18:23
19	THE WITNESS: I think that most 10:15:58	19	Q. So she would not have had incessant 10:18:26
20	likely Ms. Judkins' ovarian cancer was 10:16:00	20	ovulation in your view. Correct? 10:18:31
21	sporadic, and I don't think -- I mean, 10:16:02	21	A. The breastfeeding and the 10:18:33
22	she had some factors which we typically 10:16:06	22	pregnancies would have interrupted the ovulatory 10:18:35
23	or historically would label as reducing 10:16:10	23	events. We don't know how long each episode of 10:18:39
24	her risk, but again, having factors that 10:16:14	24	breastfeeding would have interrupted it for, but 10:18:43
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1	reduce your risk doesn't necessarily 10:16:20	1	that's correct, she would have had interruptions 10:18:46
2	prevent you from getting the disease. 10:16:21	2	in her ovulatory cycles. 10:18:48
3	So I do think that Ms. Judkins' ovarian 10:16:23	3	Q. So those two have not been fully 10:18:50
4	cancer most likely was sporadic. 10:16:26	4	elucidated as to the effect that those factors 10:18:53
5	BY MS. THOMPSON:	5	would have had for Ms. Judkins' case in 10:18:58
6	Q. And if we could look at Exhibit No. 10:16:30	6	particular? 10:19:03
7	10 from yesterday. That is the ACOG list of risk 10:16:35	7	MS. CURRY: Object to the form. 10:19:03
8	factors for ovarian cancer. 10:16:42	8	BY MS. THOMPSON:
9	Let me know when you have that in 10:16:56	9	Q. It was a bad question. Let me try 10:19:07
10	front of you. 10:16:59	10	that again. 10:19:09
11	A. Yes, I have it. 10:16:59	11	So with the two previous questions, 10:19:12
12	Q. And the first is age older than 55, 10:17:01	12	Ms. Judkins did not have excessive lifetime 10:19:18
13	but I think you agreed that Ms. Judkins was 10:17:04	13	ovulations or incessant ovulations, but we cannot 10:19:22
14	actually a little younger than average at age 60, 10:17:09	14	attribute -- well, those would both be considered 10:19:30
15	correct? 10:17:15	15	preventative, correct? 10:19:39
16	MS. CURRY: Object to the form. 10:17:15	16	MS. CURRY: Object to the form. 10:19:41
17	THE WITNESS: Well, the mean age 10:17:16	17	THE WITNESS: So, as I've said 10:19:44
18	of ovarian cancer diagnosis is 63, but 10:17:18	18	before, I don't like to use the word 10:19:49
19	the majority of women that are actually 10:17:21	19	"preventative" because women that have 10:19:50
20	diagnosed with the disease are between 10:17:24	20	risk factors that should reduce your 10:19:53
21	like 55 and 64. So I think she's right 10:17:26	21	risk of ovarian cancer still get the 10:19:54
22	in that age range. 10:17:29	22	disease. So preventative or protective 10:19:58
23	BY MS. THOMPSON: 10:17:31	23	just doesn't work because you can get 10:20:01
24	Q. In the average age range? 10:17:32	24	the disease, and in Ms. Judkins' case, 10:20:05

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1	she got the disease. 10:20:07	1	hundred percent, I don't know what you 10:22:43
2	So I don't think those lifetime 10:20:09	2	mean. 10:22:44
3	occurrences, the things that decreased 10:20:14	3	BY MS. THOMPSON: 10:22:45
4	her ovulatory years, helped her one way 10:20:17	4	Q. Well, you've been talking today 10:22:45
5	or another. Right. Because if you got 10:20:21	5	about -- as to women either get ovarian cancer or 10:22:48
6	ovarian cancer, you're a hundred 10:20:23	6	they don't, and that's why it's hard to attribute 10:22:51
7	percent. If you don't have ovarian 10:20:25	7	a causal relationship to any risk factor, 10:22:59
8	cancer, you're zero percent. And that's 10:20:27	8	regardless of how strong. 10:23:03
9	why trying to apply statistics to any 10:20:29	9	That's stating your opinion 10:23:07
10	one individual doesn't make sense 10:20:33	10	correctly, right? 10:23:08
11	because you're either in or you're out, 10:20:37	11	A. No, it's not. 10:23:09
12	and you've either got ovarian cancer or 10:20:39	12	Q. Okay. Let me make sure I said 10:23:15
13	you don't. 10:20:41	13	it -- a risk factor -- or there are no risk 10:23:17
14	And so stats are impactful when 10:20:42	14	factors for ovarian cancer that you can say are 10:23:25
15	we're studying hundreds or thousands of 10:20:46	15	causal. Is that correct? 10:23:32
16	women and they give us a sense of 10:20:48	16	A. In any one individual woman, yes, 10:23:35
17	directionality. But in that one 10:20:54	17	that's -- 10:23:41
18	individual patient, and in Ms. Judkins' 10:20:56	18	Q. In an individual, yes. 10:23:41
19	case, she breastfed and she had three 10:20:58	19	A. Yes, that's correct. 10:23:43
20	children, and yet she still got ovarian 10:21:01	20	Q. And I'll try to make that clearer 10:23:44
21	cancer.	21	in my questions today. But since we're talking 10:23:47
22	BY MS. THOMPSON:	22	about the individual cases in this particular 10:23:50
23	Q. And that would apply to even the 10:21:06	23	line of questioning, Ms. Judkins, I think we'll 10:23:55
24	strongest of risk factors, for example, BRCA1, as 10:21:09	24	assume that that's what I'm asking, if I ask a 10:24:00
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1	well as what might be the strongest of risk 10:21:14	1	question that could be either applied to the 10:24:04
2	lowering factors like long-term birth control 10:21:21	2	population or to the plaintiff that we're 10:24:06
3	use, would you agree? 10:21:26	3	discussing. Fair? 10:24:09
4	A. Yes. That's exactly what I'm 10:21:27	4	A. Let's take them one at a time. 10:24:10
5	saying, because we know that women with BRCA1 10:21:29	5	Q. All right. We can do that too. 10:24:14
6	mutations have -- depending on which mutation 10:21:33	6	And we're going back to the risk 10:24:22
7	they have, they have somewhere between a 40 to 53 10:21:37	7	factors on ACOG, and ACOG simply says: "Family 10:24:25
8	percent chance of getting ovarian cancer in the 10:21:41	8	history of breast cancer, ovarian cancer, colon 10:24:31
9	course of their lifetime, but that means that 10:21:44	9	cancer or endometrial cancer," parenthesis, 10:24:34
10	they have a 40 to 60 percent chance of not 10:21:46	10	"cancer lining of the uterus." 10:24:42
11	getting it. 10:21:50	11	Do you agree with that risk factor 10:24:45
12	So what does that mutation mean? I 10:21:51	12	listed by ACOG? Or how would you modify it if 10:24:46
13	mean, it means that you're at risk, but it's not 10:21:57	13	you were writing this list? 10:24:52
14	a hundred percent risk. 10:22:00	14	A. As applies to Ms. Judkins? 10:24:53
15	Q. Understood. 10:22:05	15	Q. As it applies to a plaintiff like 10:24:56
16	And I really am just trying to 10:22:05	16	Ms. Judkins. We're trying to determine whether 10:24:59
17	understand what your opinions are in the case. 10:22:11	17	she has any of the risk factors on this list. 10:25:01
18	Can you point me to any literature 10:22:16	18	MS. CURRY: Object to the form. 10:25:04
19	that talks -- addresses that zero percent or 10:22:19	19	THE WITNESS: So I think we 10:25:05
20	hundred percent concept of why risk factors are 10:22:25	20	already discussed that Ms. Judkins does 10:25:06
21	not causal? 10:22:31	21	have some family history that's listed 10:25:13
22	MS. CURRY: Object to the form. 10:22:33	22	here but not in first-degree relatives, 10:25:15
23	THE WITNESS: I don't -- I don't 10:22:39	23	so I don't think that she has a family 10:25:19
24	know what you mean. Zero percent or a 10:22:40	24	history that contributes. 10:25:25

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1	If we're looking at the ACOG	10:25:30	1	A. Yes, they do.	10:28:14
2	list, I think her age contributes.	10:25:33	2	Q. Was Ms. Judkins obese?	10:28:16
3	That's certainly a risk factor that she	10:25:35	3	A. I don't believe so.	10:28:18
4	has and that is on the ACOG list,	10:25:37	4	Q. So help me understand, SGO includes	10:28:25
5	because she was I believe 60 when she	10:25:40	5	obesity. ACOG does not -- the ACOG list does not	10:28:28
6	was diagnosed, and ACOG lists age older	10:25:44	6	include obesity.	10:28:34
7	than 55.	10:25:50	7	Is it your opinion that ACOG	10:28:35
8	BY MS. THOMPSON:	10:25:51	8	believes that obesity is not a risk factor?	10:28:37
9	Q. Right. She does not have a	10:25:51	9	MS. CURRY: Objection. You're	10:28:40
10	personal history of breast cancer, correct?	10:25:54	10	treading into general opinion.	10:28:41
11	A. No, she does not.	10:25:56	11	THE WITNESS: I don't know what	10:28:48
12	Q. She does not have mutations in	10:25:58	12	ACOG believes. I've never asked them.	10:28:49
13	BRCA1 and BRCA2 genes, correct?	10:26:00	13	BY MS. THOMPSON:	
14	A. That's correct.	10:26:04	14	Q. But it's your belief that ACOG does	10:28:53
15	Q. And I can't avoid this, she has not	10:26:09	15	not have the opinion that talc is a risk factor,	10:28:56
16	never having had children, correct? She does	10:26:13	16	correct?	10:28:58
17	have children, correct?	10:26:15	17	A. ACOG does not list talc on its	10:29:03
18	A. Ms. Judkins is parous.	10:26:17	18	website, and ACOG has made several other	10:29:05
19	Q. And there's no evidence of	10:26:19	19	statements stating that they do not consider talc	10:29:08
20	infertility, correct?	10:26:22	20	to be a risk factor, or stating -- I'm not going	10:29:11
21	A. You know, I don't know if she had	10:26:25	21	to quote them because I don't have anything in	10:29:13
22	trouble -- in fairness, I don't know if she had	10:26:28	22	front of me, but basically putting forth that the	10:29:15
23	trouble conceiving before she conceived at 33.	10:26:31	23	literature on talc as a risk factor for	10:29:19
24	33 is a little bit later, but I have no data	10:26:34	24	developing ovarian cancer is heterogeneous and	10:29:22
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1	supporting that one way or another. So I would	10:26:37	1	inclusive. I have not seen anything to that	10:29:26
2	rather not comment on that only because I don't	10:26:40	2	effect with respect to obesity from ACOG.	10:29:29
3	know, but...	10:26:44	3	Q. Well, we're not going to go back to	10:29:32
4	Q. But you didn't see anything in the	10:26:44	4	Burke, you'll be happy to know, since it was	10:29:38
5	medical records to suggest it.	10:26:47	5	covered yesterday.	10:29:41
6	A. That's correct.	10:26:48	6	But so ACOG does not list talc on	10:29:42
7	Q. And she has not had Lynch syndrome,	10:26:50	7	its list of risk factors, and that's significant	10:29:51
8	correct?	10:26:56	8	for you, correct?	10:29:54
9	A. I believe that her genetic testing	10:26:56	9	MS. CURRY: Object to the form,	10:29:57
10	with respect to the MMR genes was negative.	10:26:59	10	and also --	10:29:57
11	Q. And then let's go to the SGO risk	10:27:01	11	BY MS. THOMPSON:	
12	factor list.	10:27:19	12	Q. We're looking at individual	10:30:00
13	MS. THOMPSON: That's Exhibit 11	10:27:19	13	patients like Ms. Judkins.	10:30:03
14	from yesterday, Leslie.	10:27:20	14	A. So the list of risk factors for	10:30:05
15	BY MS. THOMPSON:		15	ACOG is not the only published documents from	10:30:08
16	Q. Ready?		16	ACOG that is important to me for my opinions as	10:30:14
17	A. Oh, yes. Yes, ma'am.	10:27:52	17	to why ACOG does not consider talc a risk factor	10:30:21
18	Q. I can't tell from --	10:27:53	18	for developing ovarian cancer.	10:30:24
19	A. I'm so sorry.	10:27:54	19	Q. Does ACOG ever anywhere make a	10:30:30
20	Q. -- when I'm doing this Zoom. So,	10:27:57	20	statement that talc is safe to use in women like	10:30:32
21	no, no problem.	10:27:57	21	Ms. Judkins?	10:30:39
22	So looking at the SGO list, SGO	10:27:59	22	MS. CURRY: Object to the form.	10:30:40
23	includes obesity, especially those who have a BMI	10:28:0823	23	And it really is still general cause	10:30:41
24	of 30 or greater, correct?	10:28:12	24	opinions, even though you're adding in	10:30:44

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		Page 381	Page 383
1	the phrase at the end "women like	10:30:47	1 And I am just asking you where -- 10:33:25
2	Ms. Judkins."	10:30:50	2 where does ACOG make a statement that maintains 10:33:31
3	MS. THOMPSON: Well, she	10:30:50	3 that position? 10:33:40
4	mentioned prominently in Ms. Judkins'	10:30:51	4 MS. CURRY: And I'm just going 10:33:42
5	report -- let me get to it -- that her	10:30:55	5 to state my objection for the record. 10:33:44
6	case-specific opinions are supported by	10:30:58	6 That is clearly a general causation 10:33:45
7	ACOG and SGO. So I think that question	10:31:06	7 opinion that there's no credible 10:33:49
8	is totally appropriate, but let's read	10:31:08	8 scientific data that talc increases a 10:33:51
9	exactly what she says.	10:31:11	9 woman's risk of ovarian cancer, and that 10:33:54
10	BY MS. THOMPSON:		10 those organizations maintain the same 10:33:56
11	Q. What you say, Dr. Saenz -- I don't	10:31:14	11 position. And that this was covered 10:33:58
12	mean to be talking to your lawyer -- not your	10:31:18	12 extensively in the general portion of 10:34:00
13	lawyer, but the attorney sitting next to you.	10:31:22	13 the deposition yesterday, for which the 10:34:05
14	In your report, you state: "It is	10:31:30	14 time has run out. 10:34:07
15	my opinion" -- it's in the Conclusion, if you	10:31:51	15 BY MS. THOMPSON:
16	want to refer to it -- "It is my opinion that	10:31:52	16 Q. And in the same paragraph, the 10:34:10
17	Ms. Judkins' ovarian cancer is not at all related	10:31:55	17 Conclusion to Ms. Judkins' case-specific expert 10:34:12
18	to her use of talc. The peer-reviewed scientific	10:31:59	18 report: It is my opinion that Ms. Judkins' 10:34:15
19	literature nationally recognized and respected	10:32:04	19 ovarian cancer is not at all related to her use 10:34:19
20	healthcare organizations," paren, "NCI, CDC, ASC, 10:32:07		20 of talc, and ACOG, among others, all maintain the 10:34:21
21	FDA, and the professional societies SGO, ACOG, to 10:32:14		21 same position. 10:34:26
22	which I belong, all maintain the same position."	10:32:17	22 I'm asking you, what are you 10:34:28
23	And my question is, is there	10:32:24	23 relying on for the statement that ACOG maintains 10:34:34
24	anywhere on the ACOG website that there is no	10:32:26	24 that same position? 10:34:39
		Page 382	Page 384
1	credible scientific data that talc increases a	10:32:29	1 MS. CURRY: Object to the form. 10:34:41
2	woman's risk of developing ovarian cancer?	10:32:33	2 THE WITNESS: So as we discussed 10:34:42
3	A. Is there anywhere on the ACOG	10:32:36	3 yesterday, ACOG has actually put forth a 10:34:43
4	website?	10:32:40	4 letter back in 2017 -- actually, we 10:34:48
5	Q. Or ACOG publication or any	10:32:41	5 didn't discuss this yesterday, but it's 10:34:53
6	statement by ACOG.	10:32:43	6 in my general report that ACOG put out a 10:34:55
7	MS. CURRY: Object to the form.	10:32:44	7 letter saying that the literature was 10:34:59
8	THE WITNESS: That talc --	10:32:46	8 inconclusive and heterogeneous, and that 10:35:00
9	BY MS. THOMPSON:		9 was back, I believe, in 2017. 10:35:04
10	Q. You said it maintains the same	10:32:50	10 There is also the Burke article, 10:35:05
11	position. Your exact words -- let me finish the	10:32:53	11 which is supported by ACOG, in which 10:35:07
12	question.	10:32:56	12 they detailed that the literature was 10:35:09
13	A. But --	10:32:56	13 heterogeneous. 10:35:11
14	Q. Unless you're still answering the	10:32:58	14 You also earlier asked me does 10:35:12
15	last one.	10:33:00	15 ACOG say talc is safe, and although 10:35:15
16	A. You've asked me two questions now	10:33:01	16 we're supposed to be discussing 10:35:18
17	that are different questions, so you pick which	10:33:02	17 Ms. Judkins, and admittedly Ms. Judkins 10:35:20
18	one you want me to answer first.	10:33:05	18 is not obese, ACOG actually recommends 10:35:22
19	Q. Let's take them one at a time.	10:33:06	19 putting talc into the incisions of obese 10:35:27
20	I'm reading this sentence that you	10:33:09	20 patients in order to set up an adhesive 10:35:32
21	say "all maintain the same position." And "the	10:33:10	21 process and decrease the chances of 10:35:35
22	same position," I believe, refers to there is no	10:33:14	22 wound breakdown. I firmly believe that 10:35:38
23	credible scientific data that talc increases a	10:33:19	23 if ACOG thought that talc was 10:35:41
24	woman's risk of developing ovarian cancer.	10:33:23	24 potentially leading to the development 10:35:44

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1	of ovarian cancer, they would not 10:35:46	1	replacement therapy. 10:38:08
2	recommend putting talc into the 10:35:49	2	Q. And you are aware that Ms. Judkins 10:38:14
3	incisions of patients. 10:35:52	3	was physically fit and had a very active 10:38:17
4	BY MS. THOMPSON: 10:35:55	4	lifestyle? 10:38:21
5	Q. And I didn't ask anything about the 10:35:55	5	A. I gleaned that from her deposition. 10:38:22
6	use for short term after a surgical procedure on 10:35:57	6	Q. She was a hiker and a skier, 10:38:30
7	the abdomen -- 10:36:01	7	correct? 10:38:32
8	A. You asked me about safety, and I'm 10:36:02	8	A. I don't remember exactly what 10:38:32
9	answering about safety. 10:36:05	9	activities she did. 10:38:34
10	Q. So that statement in ACOG is -- to 10:36:08	10	Q. And so you would agree that any 10:38:35
11	you represents a statement by ACOG that the 10:36:14	11	literature that suggests a sedentary lifestyle 10:38:36
12	perineal use of talc is safe? 10:36:16	12	may increase the risk of ovarian cancer would 10:38:41
13	MS. CURRY: Object to the form. 10:36:18	13	also not apply to Ms. Judkins, correct? 10:38:43
14	THE WITNESS: It's a statement 10:36:19	14	A. I don't know what literature you're 10:38:49
15	by ACOG that talc is safe. 10:36:21	15	referring to right now, ma'am. 10:38:50
16	BY MS. THOMPSON:	16	Q. Oh, you're not aware of any 10:38:52
17	Q. We're talking about the perineal 10:36:27	17	literature that an inactive lifestyle may 10:38:54
18	use of talc today in Ms. Judkins. 10:36:29	18	contribute to ovarian cancer risk? 10:39:01
19	Do you believe that that statement 10:36:31	19	MS. CURRY: Object to the form. 10:39:02
20	in ACOG is an affirmative statement that it is 10:36:33	20	THE WITNESS: There are studies 10:39:05
21	safe for women to use perineal talc, like 10:36:37	21	that show that patients with sedentary 10:39:06
22	Ms. Judkins did for decades daily? 10:36:43	22	lifestyles may have an increased risk of 10:39:09
23	MS. CURRY: Object to the form. 10:36:45	23	developing ovarian cancer? 10:39:12
24	THE WITNESS: So if we're going 10:36:46	24	BY MS. THOMPSON:
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1	to talk about Ms. Judkins, then 10:36:47	1	Q. Yeah, that's what I was asking. 10:39:15
2	Ms. Judkins was not obese and she did 10:36:50	2	Those would not apply to Ms. Judkins from what 10:39:16
3	not have an abdominal incision. 10:36:53	3	you know, correct? 10:39:19
4	But that isn't what you asked me 10:36:56	4	MS. CURRY: Object to the form. 10:39:20
5	before. You asked me before -- 10:36:58	5	THE WITNESS: Again, I'm not 10:39:20
6	BY MS. THOMPSON:	6	going to make a comment on a general 10:39:21
7	Q. That was not my question just now. 10:37:01	7	body of literature without seeing some 10:39:24
8	Let's move on to the SGO risk 10:37:03	8	article of some sort. 10:39:28
9	factor list, which was where we started here. 10:37:11	9	BY MS. THOMPSON:
10	And did Ms. Judkins use hormone 10:37:28	10	Q. All right. Fair enough. I thought 10:39:30
11	replacement therapy? 10:37:31	11	you testified to that yesterday that there was 10:39:36
12	A. No, she did not. 10:37:32	12	literature suggesting that a sedentary lifestyle 10:39:38
13	Q. But you do agree that SGO includes 10:37:37	13	could increase the risk. 10:39:44
14	estrogen replacement therapy without progesterone 10:37:45	14	All right. Do you have an opinion 10:39:54
15	for more than five years as a risk factor, 10:37:48	15	as to whether the PTEN VUS that was found on 10:39:54
16	correct? 10:37:50	16	Ms. Judkins' genetic testing contributed in any 10:40:01
17	MS. CURRY: Object to the form. 10:37:50	17	way to her ovarian cancer? 10:40:05
18	general causation -- 10:37:52	18	A. I don't believe that we have any 10:40:06
19	THE WITNESS: It doesn't apply 10:37:53	19	data on that right now. And I think that the 10:40:11
20	to Ms. Judkins. 10:37:55	20	genetic counselors that saw her also counseled 10:40:19
21	BY MS. THOMPSON: 10:37:56	21	her that most likely this was not associated with 10:40:24
22	Q. So that would not be a risk factor 10:37:57	22	her cancer. 10:40:29
23	by SGO that Ms. Judkins had. 10:38:00	23	Q. And Ms. Judkins did have the full 10:40:35
24	A. Ms. Judkins did not use hormone 10:38:06	24	genetic testing panel, correct, the 25-gene 10:40:37

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1 panel?	10:40:40	1 document is the NCCN, correct?	10:43:09
2 MS. CURRY: Object to the form.	10:40:40	2 A. Yep, that's the citation, but	10:43:13
3 THE WITNESS: There are many	10:40:40	3 that's -- it's out of date because this is the --	10:43:17
4 different panels, but you are correct	10:40:41	4 Q. But the --	10:43:20
5 that she had 25 genes tested.	10:40:43	5 A. Ms. Thompson. Thank you.	10:43:22
6 BY MS. THOMPSON:	10:40:47	6 This is the 2017 table, and as I	10:43:23
7 Q. And is it your opinion that the --	10:40:48	7 discussed yesterday, this table has been updated	10:43:25
8 there's no evidence or that -- with the PTEN VUS,	10:40:51	8 as recently as 2024.	10:43:28
9 or is there no increased risk of ovarian cancer?	10:40:58	9 Q. And you do know that this document	10:43:31
10 Do you understand the difference?	10:41:03	10 was reaffirmed in 2021, correct?	10:43:33
11 MS. CURRY: Object to the form.	10:41:04	11 A. Irrelevant. The most recent --	10:43:35
12 THE WITNESS: Do you want to	10:41:10	12 Q. Well, if there --	10:43:39
13 explain what you're getting at for me	10:41:11	13 A. The most recent update is from	10:43:41
14 more specifically or --	10:41:13	14 2024.	10:43:43
15 BY MS. THOMPSON:	10:41:19	15 Q. Was there any change in the PTEN	10:43:43
16 Q. I'm asking, do we just not know	10:41:19	16 listing between '21 and '24?	10:43:50
17 whether the PTEN VUS has any relationship to	10:41:22	17 A. No, there was not.	10:43:52
18 ovarian cancer, or is there no increased risk?	10:41:25	18 Q. Thank you.	10:43:54
19 A. Oh, it's a VUS, so we don't know.	10:41:28	19 And if you look in this chart for a	10:43:59
20 Q. If we could turn to Exhibit No. 7	10:41:33	20 PTEN mutation, you will see that there is no	10:44:01
21 from yesterday, the joint SGO and ACOG practice	10:41:40	21 increased risk for ovarian cancer. Correct?	10:44:05
22 bulletin article on "Hereditary Breast and	10:41:50	22 I'm just asking what the document	10:44:10
23 Ovarian Cancer Syndrome."	10:41:56	23 states.	10:44:12
24 A. I have it.	10:41:56	24 A. For the general population in 2017,	10:44:13
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1 Q. And the chart on page 3 -- no,	10:41:57	1 correct.	10:44:16
2 page 2 lists the genetic mutations that are	10:42:00	2 MS. THOMPSON: Do you need a	10:44:31
3 associated with hereditary breast and ovarian	10:42:06	3 break or do you want to try to finish	10:44:33
4 cancer syndrome, and you will agree this was a	10:42:12	4 Ms. Judkins?	10:44:34
5 comprehensive review made jointly by ACOG and	10:42:14	5 THE WITNESS: Let's finish	10:44:34
6 SGO, correct?	10:42:19	6 Ms. Judkins.	10:44:36
7 MS. CURRY: Object to the form	10:42:19	7 Leslie, are you okay for -- that	
8 on multiple reasons, but also that it	10:42:24	8 was rude. I'm sorry.	
9 was covered in the general opinions	10:42:26	9 How much more do you have?	10:44:47
10 yesterday extensively, including this	10:42:29	10 MS. THOMPSON: Well, it depends.	10:44:47
11 exact Table 1. Also --	10:42:32	11 It shouldn't take too long, but --	10:44:48
12 MS. THOMPSON: Was the PTEN VUS	10:42:36	12 THE WITNESS: I just want to be	
13 that Ms. Judkins had covered yesterday?	10:42:39	13 courteous to Leslie, so that's why I'm	
14 MS. CURRY: The entirety of the	10:42:41	14 asking for a time estimate.	
15 table on whether or not this is	10:42:43	15 THE REPORTER: If we could take	
16 comprehensive was certainly covered	10:42:44	16 five minutes right now, if that's okay.	
17 yesterday, and --	10:42:46	17 MS. THOMPSON: Sure, that's	
18 MS. THOMPSON: Okay. Well, I	10:42:48	18 fine.	
19 don't have to give any background, but	10:42:49	19 Let's go off the record.	10:45:07
20 it is helpful for the record what I'm	10:42:52	20 (Recess.)	10:45:07
21 referring to.	10:42:54	21 BY MS. THOMPSON:	
22 BY MS. THOMPSON:		22 Q. Going to your report, the second	10:51:38
23 Q. And you will agree that the	10:42:58	23 page under the summary of Ms. Judkins' medical	10:51:40
24 citation for this chart on -- in the HBOC	10:43:00	24 history or her --	10:51:44

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1	A. Diagnosis and treatment? I'm	10:51:48	1 deposition, she used one year of Shower to
2	sorry.	10:51:50	2 Shower, correct?
3	Q. -- diagnosis, yeah, as far as your	10:51:51	3 A. I don't recall that detail, but I
4	opinions regarding her diagnosis.	10:51:54	4 will take you at face value for that.
5	A. Yes.		5 Q. And what is your -- what is the
6	Q. You state at the very bottom of	10:51:56	6 Shower to Shower product, do you know?
7	that page: "Ms. Judkins may carry a germline	10:51:58	7 A. I believe it's another talcum
8	mutation that we have yet to" -- let me see --	10:52:03	8 powder with different fragrances.
9	"identify that contributed to her development of	10:52:09	9 Q. And if we multiply 46 years by
10	ovarian cancer."	10:52:12	10 days a year, that would get us to 16,790
11	Have you ever seen on any risk	10:52:19	11 applications. Do you trust my math?
12	factor list a germline mutation that we have yet	10:52:21	12 A. I will take you at face value.
13	to identify?	10:52:24	13 Q. That could be a big mistake if it
14	MS. CURRY: Object to the form.	10:52:30	14 has to do with math.
15	THE WITNESS: I don't know that	10:52:31	15 A. Right.
16	I can see something that doesn't --	10:52:31	16 Q. I did use a calculator.
17	hasn't yet been established.	10:52:34	17 So if you put Ms. Judkins in a
18	BY MS. THOMPSON:	10:52:35	18 cohort study, an ever-use categorization would
19	Q. So it's not your -- is it your	10:52:36	19 certainly not apply to Ms. Judkins as far as
20	opinion that more likely than not she has a	10:52:38	20 risk, would it?
21	germline mutation that has not been identified?	10:52:43	21 MS. CURRY: Object to the form.
22	A. No. My opinion is that I think	10:52:45	22 THE WITNESS: I don't agree with
23	most likely her cancer is sporadic, but I'm not	10:52:47	23 that.
24	going to rule out that possibility.	10:52:50	24 BY MS. THOMPSON:
		Page 394	Page 396
1	Q. Understood.	10:52:52	1 Q. So, because you don't believe
2	And speaking of ruling in and	10:53:01	2 there's any risk for any talc use. Is that why?
3	ruling out, did you rule in any risk factors that	10:53:02	3 A. Well, no. I mean, you said ever
4	could have contributed to Ms. Judkins' ovarian	10:53:07	4 use doesn't apply. I mean it does apply. She
5	cancer?	10:53:11	5 used.
6	MS. CURRY: Object to the form.	10:53:11	6 Q. Well, I'm saying is would you -- if
7	THE WITNESS: I think we	10:53:14	7 you were doing a cohort study and you ask an
8	discussed earlier that I think her age	10:53:15	8 ever-use question, would Ms. Judkins be
9	put her at an increased risk of	10:53:17	9 equivalent to a woman who answered yes to that
10	developing ovarian cancer.	10:53:20	10 question because she used it once at the beach?
11	BY MS. THOMPSON:	10:53:20	11 MS. CURRY: Object to the form.
12	Q. Anything else?	10:53:20	12 THE WITNESS: So unless you have
13	A. I -- I don't think she has any	10:53:27	13 other exclusions in the study or
14	other particular risk factors, no.	10:53:29	14 parameters by which you are
15	Q. And you did rule out talc as a	10:53:31	15 characterizing the definition of "ever
16	potential contributing cause, correct?	10:53:37	16 use," then technically speaking, she
17	A. I do not believe that talc was	10:53:41	17 would fall into the same category.
18	involved in Ms. Judkins' development of ovarian	10:53:43	18 BY MS. THOMPSON:
19	cancer.	10:53:45	19 Q. Do you think Ms. Judkins, if she
20	Q. Okay. And is it your understanding	10:53:45	20 were entering a cohort study, would be subject to
21	that Ms. Judkins applied Johnson's baby powder	10:53:50	21 recall bias with her usage history?
22	once a day in her genital area for 46 years?	10:53:56	22 MS. CURRY: Object to the form.
23	A. That's my understanding.	10:54:01	23 THE WITNESS: I have no idea. I
24	Q. And at least according to her	10:54:04	24 do not know Ms. Judkins personally.

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1	BY MS. THOMPSON: 10:56:38	1	A. She would be higher than 3,600 or 10:58:41
2	Q. Do you think having used it every 10:56:39	2	5,600, that is correct. 10:58:43
3	day since she was, I believe, 14 years old, that 10:56:43	3	Q. And do you agree also that 10:58:45
4	she might be subject to recall bias? 10:56:48	4	Ms. Judkins' use of talcum powder in her 20s and 10:58:47
5	MS. CURRY: Object to the form. 10:56:52	5	30s would be during the time that O'Brien and 10:58:55
6	THE WITNESS: I have no idea. I 10:56:52	6	colleagues stated was a critical time for effect? 10:59:01
7	do not know Ms. Judkins personally. 10:56:54	7	MS. CURRY: Object to the form. 10:59:05
8	BY MS. THOMPSON:	8	THE WITNESS: So she would fall 10:59:06
9	Q. So do you think she would be not 10:56:57	9	into the category that they identified 10:59:08
10	telling the truth about that in her deposition? 10:57:01	10	as patients -- I'm sorry, subjects 10:59:10
11	A. I'm not qualifying Ms. Judkins -- I 10:57:05	11	starting to use talcum powder in their 10:59:12
12	don't know her personally. I've never met her. 10:57:09	12	20s and 30s. That's also corroborated 10:59:15
13	I have no idea. 10:57:12	13	by other literature that shows that most 10:59:17
14	Q. Okay. You do agree that she was a 10:57:16	14	patients start -- ugh, I keep saying 10:59:20
15	frequent user, based on her testimony? 10:57:20	15	patients -- subjects start using in 10:59:22
16	A. I agree that she documented in her 10:57:22	16	their teens or 20s. 10:59:26
17	deposition that she used for -- what did we say 10:57:25	17	MS. THOMPSON: Leslie, if we 10:59:39
18	it was? -- about 46 years. 10:57:30	18	could go to Ms. Judkins' file of key 10:59:40
19	Q. Forty-six years -- 10:57:33	19	medical records. And there are two that 10:59:44
20	A. Yeah.	20	I would like you to pull out. I don't 10:59:52
21	Q. -- once a day at least. 10:57:34	21	know the best way to identify them. But
22	And do you agree that this is a 10:57:35	22	one is Bates number is MDR --
23	long duration, an extended period of time that 10:57:39	23	THE WITNESS: Sorry, give us one
24	she used talcum powder? 10:57:41	24	second. We had a little bit of an issue
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1	A. It was 46 years. 10:57:42	1	finding them.
2	Q. And do you agree that in any study 10:57:48	2	MS. THOMPSON: Okay. Sorry
3	that looked at lifetime applications, that 16,790 10:57:50	3	about that.
4	would fall in the highest category of use? 10:57:59	4	(A discussion was held off the
5	MS. CURRY: Object to the form. 10:58:02	5	record.)
6	THE WITNESS: It depends on 10:58:03	6	MS. THOMPSON: The two 11:00:52
7	whose study. I don't know -- I may be 10:58:06	7	documents, we can go ahead and put them 11:00:52
8	remembering incorrectly. I'm not sure 10:58:08	8	together. One has at the top Monadnock 11:00:55
9	if Cramer actually had a category that 10:58:10	9	Health Partners, and the Bates number is 11:00:59
10	was even higher than that number of 10:58:15	10	a bunch of stuff, and then MDR000024. 11:01:00
11	applications. So I think it really 10:58:16	11	And the other one just has 11:01:07
12	depends on which study you're talking 10:58:19	12	"Medical Records" at the top with an 11:01:12
13	about. 10:58:21	13	address, and it has JUDKINSCDHMCMR0028. 11:01:14
14	BY MS. THOMPSON:	14	And if we could just pull those 11:01:26
15	Q. And Penninkilampi I believe used 10:58:25	15	two and mark them as our next two 11:01:28
16	5,600 applications. It certainly would be higher 10:58:27	16	exhibits, that would be great. 11:01:31
17	than that, correct? 10:58:31	17	THE REPORTER: Okay. We'll go
18	MS. CURRY: Object to the form. 10:58:32	18	off the record just a minute while I
19	THE WITNESS: I think that is 10:58:33	19	find them.
20	incorrect. I think Penninkilampi used 10:58:34	20	(Pause in the proceedings.)
21	3,600 applications. 10:58:36	21	(Exhibit Nos. 35 and 36 were
22	BY MS. THOMPSON: 10:58:37	22	marked for identification.)
23	Q. Oh, you may be right, 3,600. She 10:58:37	23	BY MS. THOMPSON:
24	would be higher than -- 10:58:40	24	Q. Dr. Saenz, if you could refer to 11:03:27

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1 your general expert report, Exhibit 2, that's	11:03:28	1 Q. Before we go to the document in the	11:06:53
2 relevant to Ms. Judkins' case. And on page 43 --	11:03:34	2 chat, if you could turn to page 43 of your	11:06:55
3 are you there? And I can't see you -- okay, got	11:03:48	3 general expert report, Dr. Saenz.	11:06:57
4 you.	11:03:53	4 A. Yes, ma'am, I'm there.	11:06:59
5 On page 43, I don't know exactly	11:03:54	5 Q. And we're in the Migration section,	11:07:00
6 where it is, but it states -- your report states:	11:03:56	6 and you state in the last paragraph of the --	11:07:03
7 "... but the vagina is not the perineum," and	11:04:00	7 actually, the first paragraph: "... but the	11:07:13
8 then you go on to say: "The perineum is the	11:04:03	8 vagina is not the perineum, and the female	11:07:19
9 external genitalia and the vagina is an internal	11:04:06	9 genital tract is not an open conduit."	11:07:22
10 organ that is not exposed to the external	11:04:10	10 Do you see that?	
11 environment."	11:04:13	11 A. Yes, ma'am.	11:07:25
12 Did I read that correctly from your	11:04:14	12 Q. And reading on -- and I'm not	11:07:33
13 report on page 43?	11:04:15	13 trying to leave anything out. I'm just reading	11:07:34
14 A. I don't know. I've got to find --	11:04:17	14 things that I believe are pertinent to	11:07:39
15 oh, I see where you are. (Peruses document.)	11:04:19	15 Ms. Judkins.	11:07:42
16 I don't think so.	11:04:28	16 About two-thirds of the way down,	11:07:44
17 Q. Okay. Let me -- I'll have to get	11:04:29	17 the next paragraph, you state: "The perineum is	11:07:46
18 it --	11:04:32	18 the external genitalia, and the vagina is an	11:07:48
19 THE REPORTER: I'm not seeing those		19 internal organ that is not exposed to the	11:07:53
20 document, Margaret.	11:05:06	20 external environment."	11:07:55
21 MS. THOMPSON: Do you want the	11:05:06	21 Does that apply to all patients or	11:07:58
22 Bates numbers again?	11:05:12	22 plaintiffs?	11:08:01
23 THE WITNESS: It may be helpful,	11:05:14	23 A. Unless a woman has complete vaginal	11:08:01
24 Margaret, if you -- Dawn is trying to	11:05:19	24 procidentia, yes.	11:08:06
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1 look through them now too, so it may be	11:05:22	1 Q. Okay. Let's talk a little bit	11:08:08
2 helpful if you tell us what those	11:05:25	2 about what Ms. Judkins does have, and -- let's	11:08:10
3 documents are.	11:05:27	3 see -- we can go ahead and --	11:08:23
4 MS. THOMPSON: They're both		4 MS. THOMPSON: Leanna, do you	
5 medical --		5 have the -- we don't need to share the	11:08:37
6 THE WITNESS: She said -- she	11:05:33	6 screen if I know which record is in the	11:08:39
7 says they are not here.	11:05:33	7 chat.	11:08:41
8 MS. CURRY: Sorry -- those	11:05:35	8 MS. PITTARD: Sure. They should	11:08:42
9 medical records are -- I just confirmed	11:05:38	9 both be labeled in the chat, and the	11:08:43
10 they are definitely not in the room here	11:05:41	10 first one is the one from Monadnock --	11:08:52
11 so we do need them on the chat.	11:05:43	11 BY MS. THOMPSON:	
12 MS. THOMPSON: Leanna, if you		12 Q. If you would look at the medical	11:08:57
13 could just get the --		13 record that's in the chat.	11:08:59
14 MS. CURRY: Ms. Thompson, are	11:06:21	14 A. Okay.	11:09:14
15 you okay if Leslie is not typing your	11:06:21	15 Q. Ready?	11:09:15
16 instructions to Leanna?	11:06:24	16 A. Yes, ma'am.	11:09:19
17 MS. THOMPSON: Yes, I am. I'm	11:06:27	17 Q. And you note in this record that --	11:09:19
18 fine with that.		18 or in Ms. Judkins' medical record, she was noted	11:09:23
19 THE REPORTER: Thank you.		19 to have a prominent rectocele and uterine	11:09:27
20 MS. THOMPSON: And it's also		20 prolapse.	11:09:33
21 fine to go off the record.	11:06:51	21 Do you recall that history in the	11:09:35
22 MS. PITTARD: Okay. They should	11:06:51	22 medical records?	11:09:39
23 be in the chat now.	11:06:51	23 A. I see that in this record, but that	11:09:39
24 BY MS. THOMPSON:		24 was the visit that was actually before her	11:09:42

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1 surgery, and her gynecologist thought she had a 11:09:47 2 cystocele, and that's why she sent her for 11:09:54 3 imaging, but it turned out to be a pelvic mass. 11:09:56 4 Q. You believe her adnexal mass was 11:10:00 5 coming out of her vagina? 11:10:05 6 A. I believe that her adnexal mass was 11:10:07 7 palpated on her vaginal exam, yes, and mistaken 11:10:11 8 for a cystocele. 11:10:15 9 Q. Okay. Well, let's read the actual 11:10:17 10 medical record, and tell me if you still think 11:10:19 11 this is the adnexal mass. 11:10:22 12 "With Valsalva maneuver, prominent 11:10:25 13 cystocele is noted." 11:10:29 14 And you believe he was noting the 11:10:31 15 adnexal mass in the vagina? 11:10:36 16 A. Who is "he"? 11:10:38 17 Q. Oh, sorry, she. She was Michelle 11:10:44 18 Urban, MD, noting the adnexal mass in the vagina 11:10:48 19 and mistaking it for a cystocele. 11:10:57 20 A. Yes. 11:11:01 21 Q. And the uterine prolapse, is it 11:11:01 22 also your opinion that she was inaccurately 11:11:05 23 describing the pelvic mass as a uterine prolapse? 11:11:08 24 A. I believe the pelvic mass was 11:11:13	1 Q. Did they document the pelvic mass 11:12:32 2 bulging into the vagina? 11:12:36 3 MS. CURRY: Object to the form. 11:12:37 4 THE WITNESS: That was 11:12:38 5 discovered with Valsalva. That was not 11:12:39 6 without the Valsalva. I believe that 11:12:43 7 Dr. Urban palpated the mass and mistook 11:12:46 8 it for a cystocele, because the imaging 11:12:50 9 studies revealed that there was actually 11:12:52 10 a large pelvic mass. 11:12:54 11 Ms. Judkins did not have any 11:12:57 12 reported issues with pelvic prolapse 11:12:59 13 problems after her ovarian cancer 11:13:02 14 surgery. So I do not believe that this 11:13:04 15 was actually pelvic prolapse. I believe 11:13:07 16 that this was the mass being mistaken 11:13:11 17 for a pelvic prolapse. 11:13:13 18 BY MS. THOMPSON: 19 Q. And you're aware that the operative 11:13:17 20 report describes the mass as being adherent to 11:13:19 21 the pelvic side wall, correct? 11:13:22 22 A. Yes. 11:13:24 23 Q. And approximately 10 or 12 11:13:24 24 centimeters -- I forgot where it's at, the 11:13:29
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1 pushing the uterus down, yes. 11:11:16 2 Q. But you don't know how long that 11:11:20 3 had been happening that she -- that the plaintiff 11:11:23 4 had -- or the patient had described the feeling 11:11:25 5 for several months, correct? 11:11:26 6 A. No. She said one to two weeks at 11:11:29 7 the time of presentation. 11:11:31 8 Q. I have that she noted it since -- 11:11:32 9 well, there is some conflicting evidence there. 11:11:48 10 Okay. But it's your opinion that 11:11:51 11 the pelvic mass was pushing down the vagina so 11:11:52 12 that it appeared that she was having a cystocele, 11:11:56 13 rectocele and uterine prolapse. Is that your 11:12:02 14 opinion? 11:12:05 15 A. My opinion is that the pelvic mass 11:12:05 16 was bulging into the vagina. That's what was 11:12:07 17 appreciated on exam. And I believe that it was 11:12:11 18 deviating the uterus inferiorly. 11:12:13 19 Q. And is it your opinion that the 11:12:17 20 ultrasound CT showed the mass bulging into the 11:12:20 21 vagina? 11:12:24 22 A. It's my opinion that the imaging 11:12:24 23 studies documented the presence of the mass and 11:12:26 24 did not document a cystocele or a rectocele. 11:12:28	1 size -- so it's large, correct? 11:13:34 2 A. Yes. 3 Q. Have you ever had a 10-centimeter 11:13:37 4 cancerous mass adherent to the pelvic side wall 11:13:45 5 that is mistaken for a cystocele and rectocele 11:13:48 6 and uterine prolapse on vaginal exam? 11:13:52 7 MS. CURRY: Object to the form. 11:13:56 8 THE WITNESS: Not by me, because 11:13:57 9 by the time the patient comes to me, 11:13:59 10 she's had imaging studies confirming the 11:14:01 11 presence of the mass. But I have seen 11:14:05 12 the recorded documents of other general 11:14:07 13 OB/GYNs make that exact mistake. 11:14:10 14 BY MS. THOMPSON: 15 Q. Okay. Well, let's go to another 11:14:16 16 record, and this is after she has already been 11:14:19 17 referred to Dr. West. 11:14:23 18 A. Give us a second to get there, 11:14:33 19 ma'am. I have to -- 11:14:34 20 Q. I will do that. 11:14:35 21 MS. CURRY: Okay. Sorry, 11:14:52 22 Margaret, go ahead. 23 MS. THOMPSON: Got it? 11:14:52 24 BY MS. THOMPSON: 11:14:53

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1 Q. Reading at the bottom of the first 11:14:53		1 THE WITNESS: Okay, we're back 11:17:08	
2 page: "She initially saw Dr. Urban for symptoms 11:14:55		2 there. 11:17:10	
3 of prolapse. She had difficulty with urinating, 11:14:59		3 BY MS. THOMPSON: 11:17:10	
4 with incomplete voiding and urinary urgency. On 11:15:02		4 Q. In the History of Present Illness, 11:17:10	
5 exam, she was thought to have a cystocele, and a 11:15:06		5 it says: "Yesterday used a mirror to examine 11:17:12	
6 TVUS was ordered which showed a 10-centimeter 11:15:09		6 perineum and saw something in her vagina." 11:17:17	
7 complex adnexal mass and evidence of free fluid. 11:15:13		7 Is it your testimony that that was 11:17:20	
8 This was followed by a CT scan which confirmed 11:15:17		8 actually the perineal mass extruding from her 11:17:22	
9 the same without any evidence of extrapelvic 11:15:20		9 vagina? 11:17:28	
10 disease. Her only complaint today is pelvic 11:15:27		10 A. What perineal mass? 11:17:29	
11 budge and inside falling out of vagina." 11:15:33		11 Q. Sorry. The adnexal mass. 11:17:32	
12 Is it your testimony that her 11:15:36		12 MS. CURRY: Object to the form. 11:17:37	
13 feeling of insides falling out of the vagina was 11:15:43		13 THE WITNESS: No. 11:17:39	
14 an adherent adnexal mass, 10 centimeters? 11:15:47		14 BY MS. THOMPSON:	
15 A. Yes. 11:15:51		15 Q. What are you saying she saw when 11:17:45	
16 Q. And that it had been ongoing since 11:15:52		16 she looked at her perineum with a mirror? 11:17:48	
17 Thanksgiving. She prefers not to -- to not be in 11:15:54		17 A. Most likely she saw her cervix as 11:17:50	
18 an upright position, and in the evenings she 11:15:59		18 she separated her labia and used the mirror to 11:17:54	
19 feels more full and comfortable. 11:16:03		19 examine what's going on in her vagina. 11:17:58	
20 It would not surprise you for a 11:16:09		20 Q. So she saw her cervix from 11:18:00	
21 woman with three children, vaginal births to have 11:16:11		21 separating the labia. Is that what you're 11:18:03	
22 some pelvic prolapse, correct? 11:16:15		22 saying? 11:18:06	
23 MS. CURRY: Object to the form. 11:16:18		23 A. I think she could have. 11:18:06	
24 THE WITNESS: That's not what's 11:16:18		24 Q. Isn't that consistent with a 11:18:13	
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1 happening here. She has a mass -- 11:16:19		1 significant uterine prolapse? 11:18:15	
2 BY MS. THOMPSON:		2 MS. CURRY: Object to the form. 11:18:17	
3 Q. Okay. I'm just --		3 THE WITNESS: I believe that the 11:18:18	
4 A. Ma'am, you're interrupting me 11:16:22		4 mass is pushing down on her other pelvic 11:18:19	
5 again. 11:16:24		5 organs, and that's why the cervix is 11:18:23	
6 Q. But -- 11:16:24		6 there and able to be felt and seen by 11:18:25	
7 A. You asked me a question, and I'm 11:16:25		7 her. 11:18:27	
8 trying to -- 11:16:27		8 BY MS. THOMPSON: 11:18:27	
9 Q. Try to answer my questions. 11:16:27		9 Q. So you do agree that complete 11:18:27	
10 A. I am trying to answer your		10 procidentia of the vagina is an external organ, 11:18:32	
11 questions.		11 correct? 11:18:36	
12 Q. And I will try not to interrupt. 11:16:29		12 A. Well, it's not an external organ. 11:18:37	
13 A. Thank you so much. 11:16:33		13 It's been exteriorized. 11:18:40	
14 That's not what's happening here. 11:16:34		14 Q. Okay, it's been exteriorized. And 11:18:43	
15 This patient has a large pelvic mass, pelvic 11:16:36		15 you would agree that many multiparous women have 11:18:44	
16 pressure. The sensation of pelvic pressure is 11:16:40		16 the vagina -- the vaginal wall exteriorized with 11:18:49	
17 very common in patients with ovarian cancer, and 11:16:43		17 cystocele, rectocele or uterine prolapse. 11:18:55	
18 that's what's happening here. 11:16:45		18 correct?	
19 Q. All right. And back to the first 11:16:47		19 MS. CURRY: Object to the form. 11:18:59	
20 record. 11:16:51		20 THE WITNESS: Not many. I 11:19:00	
21 A. Hold on a second.		21 wouldn't agree with many. And there are 11:19:02	
22 Q. And it's -- 11:17:04		22 various degrees of pelvic prolapse. 11:19:04	
23 MS. CURRY: Hold on, give us one 11:17:05		23 BY MS. THOMPSON: 11:19:12	
24 second, it takes a minute to load. 11:17:06		24 Q. We can look at the exact 11:19:13	

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1 statistics, but multiparous women, you disagree	11:19:14	1 talking about Ms. Judkins.	11:21:24
2 that many have some degree of pelvic prolapse	11:19:19	2 Q. Well, I asked you about a patient	11:21:25
3 which would result in the vaginal wall being	11:19:23	3 like Ms. Judkins.	11:21:27
4 exteriorized.	11:19:26	4 A. But I'm talking about Ms. Judkins.	11:21:29
5 MS. CURRY: Object to the form.	11:19:27	5 Q. Okay. Well, you have to answer my	11:21:31
6 THE WITNESS: I would disagree	11:19:29	6 question. You don't get to choose what you're	11:21:32
7 that many multiparous women have stage 4	11:19:30	7 going to answer or not.	11:21:35
8 procidentia.	11:19:38	8 MS. CURRY: Object to the form.	11:21:36
9 BY MS. THOMPSON:	11:19:38	9 BY MS. THOMPSON:	
10 Q. I don't think I said anything about	11:19:38	10 Q. So my question is, is a woman who	11:21:37
11 stage 4.	11:19:40	11 has a prominent cystocele, rectocele and uterine	11:21:41
12 A. You said exteriorized. That's	11:19:41	12 prolapse as described in Ms. Judkins' medical	11:21:48
13 stage 4.	11:19:44	13 records, is it still your opinion that there's --	11:21:51
14 Q. Well, a grade 2 cystocele could be	11:19:44	14 that talcum powder applied to the perineum would	11:21:57
15 exteriorized.	11:19:49	15 not reach the vagina?	11:22:02
16 A. No.	11:19:51	16 A. Yes.	
17 Q. Would you agree?	11:19:51	17 Q. All right. Let's move on.	11:22:09
18 A. No, I wouldn't agree.	11:19:52	18 A. Shall we take these documents --	11:22:15
19 Q. If the vaginal wall is	11:19:59	19 I'm sorry, Ms. Thompson, shall we take these	11:22:17
20 exteriorized, and maybe we need to define what we	11:20:01	20 documents down or --	11:22:20
21 mean by "exteriorized," then your opinions and at	11:20:05	21 Q. Yes, you can take those documents	11:22:21
22 least the medical records state that Ms. Judkins	11:20:09	22 down.	11:22:24
23 has a prominent cystocele, prominent rectocele	11:20:13	23 A. Thank you.	11:22:24
24 and uterine prolapse. Now, whether that's	11:20:17	24 MS. THOMPSON: And I want to	11:22:30
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1 because of the adherent adnexal mass pushing	11:20:21	1 move now to Dr. Godleski's report. If	11:22:30
2 that, that's at least what her medical records	11:20:27	2 we could mark that as the next exhibit.	11:22:41
3 state. Would you agree?	11:20:29	3 MS. CURRY: 37.	11:22:43
4 MS. CURRY: Object to the form.	11:20:29	4 (Exhibit No. 37 was marked for	11:22:43
5 THE WITNESS: Dr. Urban stated	11:20:31	5 identification.)	
6 that.	11:20:33	6 THE WITNESS: Okay, Ms.	
7 BY MS. THOMPSON:	11:20:33	7 Thompson, I have it.	
8 Q. And so did the doctor who saw her,	11:20:33	8 BY MS. THOMPSON:	
9 Dr. West?	11:20:36	9 Q. You reviewed Dr. Godleski's report	11:24:53
10 A. No, Dr. West only documented a	11:20:36	10 for Ms. Judkins, correct?	11:24:55
11 rectocele, not a cystocele or uterine	11:20:40	11 A. Yes, ma'am.	11:24:57
12 procidentia.	11:20:45	12 Q. If you will turn to page 4 of your	11:24:58
13 Q. All right. Dr. West documented the	11:20:45	13 report --	11:25:02
14 prominent rectocele.	11:20:48	14 A. Of my report, okay.	11:25:03
15 A. Correct.	11:20:51	15 Q. -- the discussion of Dr. Godleski's	11:25:07
16 Q. And does that modify your opinions	11:20:51	16 report is related to Dr. Wolf's citing	11:25:11
17 at all as to whether talcum powder applied to the	11:20:55	17 Dr. Godleski's report. Agree?	11:25:21
18 perineum can reach the vagina?	11:21:01	18 MS. CURRY: Object to the form.	11:25:23
19 A. No.	11:21:03	19 THE WITNESS: Well, I mean, I	11:25:24
20 Q. Are you talking about just	11:21:08	20 discuss that Dr. Godleski is cited to by	11:25:26
21 Ms. Judkins or a patient that has vaginal wall	11:21:10	21 Dr. Wolf as supporting her opinion, but	11:25:31
22 visible at the perineum at the introitus?	11:21:15	22 I also read Dr. Godleski's report.	11:25:33
23 A. We're just talking case specific	11:21:20	23 BY MS. THOMPSON:	
24 about Ms. Judkins, right? So then I'm just	11:21:22	24 Q. So you're also making independent	11:25:36

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1	opinions as to Dr. Godleski's report, correct? 11:25:40	1	see what he actually did to make the 11:27:35
2	A. That's correct. 11:25:43	2	determination. 11:27:37
3	Q. Okay. And you state that in 11:25:44	3	So beginning on page 2 of 11:27:43
4	Dr. Godleski's report he states that he found 11:25:53	4	Dr. Godleski's report, he looked at the 11:27:44
5	birefringent particles which likely represent 11:25:56	5	histologic slides with light microscopy and 11:27:47
6	talc in Ms. Judkins' left ovary and right pelvic 11:25:59	6	confirmed a diagnosis of poorly differentiated 11:27:52
7	lymph node.	7	serous carcinoma of the ovary, and he provides 11:27:56
8	Was that your takeaway from his 11:26:06	8	photomicrographs in his report of those findings, 11:28:01
9	report? 11:26:08	9	correct?
10	A. That's part of it. 11:26:08	10	A. Correct. 11:28:07
11	Q. What is the other part of it? 11:26:09	11	Q. And then he used polarized light 11:28:07
12	A. He also looked at her cervix and 11:26:11	12	microscopy, and what was the purpose of the 11:28:12
13	said he found talc there. But I list that later. 11:26:15	13	polarized light microscopy? 11:28:15
14	Somehow I omitted the word "cervix" there, but 11:26:19	14	MS. CURRY: Object to the form. 11:28:18
15	yes. 11:26:22	15	THE WITNESS: To try and detect 11:28:20
16	Q. And when you looked at -- well, 11:26:22	16	birefringent particles. 11:28:27
17	what else did he do besides look at birefringent 11:26:33	17	BY MS. THOMPSON: 11:28:29
18	particles? 11:26:37	18	Q. And the reason he looked for the 11:28:29
19	MS. CURRY: Object to the form. 11:26:38	19	birefringent foreign material in the same plane 11:28:31
20	THE WITNESS: He looked at the 11:26:39	20	of focus with the tissues is so that he could 11:28:33
21	pathology. He looked for evidence of 11:26:40	21	concentrate on those areas when he moved to the 11:28:36
22	talc. 11:26:42	22	SEM, correct? 11:28:39
23	BY MS. THOMPSON:	23	MS. CURRY: Object to the form. 11:28:40
24	Q. How did he look for evidence of 11:26:43	24	THE WITNESS: I don't 11:28:42
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1	talc? 11:26:46	1	necessarily know that, and he didn't say 11:28:42
2	A. With various microscopic methods. 11:26:46	2	that. 11:28:45
3	Q. Which ones? 11:26:49	3	BY MS. THOMPSON: 11:28:46
4	A. I don't know -- 11:26:52	4	Q. And in addition to SEM, he 11:28:46
5	MS. CURRY: Object to the form. 11:26:52	5	performed EDS on the particles that he 11:28:49
6	THE WITNESS: -- off the top of 11:26:53	6	identified, correct? 11:28:54
7	my head. I would have to read through 11:26:54	7	A. Correct. 11:28:56
8	his report again. I'm not -- I don't 11:26:56	8	Q. What is EDS? 11:28:57
9	try and examine tissues for the presence 11:26:59	9	A. It's a digestion of the tissues. I 11:28:59
10	of talc. I just know that he used 11:27:01	10	don't know exactly what the three letters stand 11:29:06
11	various microscopic techniques to look 11:27:04	11	for, but it's a digestion of the tissues. 11:29:08
12	for talc. 11:27:06	12	Q. It is? 11:29:11
13	BY MS. THOMPSON: 11:27:07	13	A. It's energy dispersive x-ray 11:29:11
14	Q. Okay. But when you say in 11:27:07	14	analysis. 11:29:17
15	Dr. Godleski's report, he states he found 11:27:09	15	Q. And is that what determines the 11:29:17
16	birefringent particles which likely represent 11:27:12	16	chemical components of the particles that he 11:29:24
17	talc in Ms. Judkins' left ovary and right pelvic 11:27:16	17	identifies? 11:29:28
18	lymph node, that's misleading as to what he 11:27:20	18	MS. CURRY: Object to the form. 11:29:28
19	actually performed to determine that the 11:27:22	19	THE WITNESS: I don't know. 11:29:28
20	particles were talc. Wouldn't you agree? 11:27:28	20	BY MS. THOMPSON:
21	MS. CURRY: Object to the form. 11:27:31	21	Q. And were you interested in 11:29:31
22	THE WITNESS: No. 11:27:32	22	understanding Dr. Godleski's methods when he made 11:29:36
23	BY MS. THOMPSON:	23	these findings? 11:29:48
24	Q. Okay. Let's look at his report and 11:27:32	24	A. Sorry, when he what? 11:29:49

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1	Q. When he found the particles in the	11:29:50	1 THE WITNESS: I think it depends
2	tissues.	11:29:53	2 upon the institution.
3	MS. CURRY: Object to the form.	11:29:55	3 BY MS. THOMPSON:
4	THE WITNESS: I mean I read his	11:29:56	4 Q. Do you know that Dr. Godleski's
5	report. I don't hold myself out to be a	11:29:57	5 work is archived in the Harvard Library?
6	mineralogist, and so I don't feel that I	11:30:03	6 A. No, I do not.
7	needed to have a mastery of these	11:30:05	7 Q. Has every professor at a university
8	techniques.	11:30:07	8 had their work archived in the university's
9	BY MS. THOMPSON:	11:30:08	9 library?
10	Q. Is Dr. Godleski a mineralogist?	11:30:08	10 A. I don't know the answer to that.
11	A. I believe he's a pathologist.	11:30:11	11 Q. Do you know if Godleski's work has
12	Q. So what do you know about	11:30:13	12 ever been questioned or criticized before this
13	Dr. Godleski?	11:30:15	13 litigation?
14	MS. CURRY: Object to the form.	11:30:16	14 MS. CURRY: Object to the form.
15	THE WITNESS: With respect to	11:30:18	15 THE WITNESS: I don't know the
16	what?	11:30:18	16 answer to that.
17	BY MS. THOMPSON:		17 BY MS. THOMPSON:
18	Q. Just in general.	11:30:21	18 Q. Are you questioning the validity of
19	A. He's a pathologist that has	11:30:24	19 Dr. Godleski's techniques?
20	testified on behalf of plaintiffs in these talc	11:30:26	20 A. No, I am not.
21	cases.	11:30:29	21 Q. Are you questioning the accuracy of
22	Q. Is that all you know about	11:30:30	22 his findings?
23	Dr. Godleski?	11:30:32	23 A. No, I am not.
24	MS. CURRY: Object to the form.	11:30:32	24 Q. And if you looked at his report and
		Page 422	Page 424
1	THE WITNESS: Yes.		1 his references, there are six peer-reviewed
2	BY MS. THOMPSON:	11:30:34	2 articles that address his technique and his
3	Q. Do you know that he is professor	11:30:34	3 findings and answer some of the questions that
4	emeritus at Harvard?	11:30:41	4 you include in your report as criticisms.
5	A. He says he retired from the	11:30:43	5 Did you look at any of those peer-
6	Department of Pathology in 2017 in his report.	11:30:46	6 reviewed articles to help you understand
7	So that's there.	11:30:50	7 Godleski's findings and the significance?
8	Q. I don't think that was my question.	11:30:53	8 MS. CURRY: Object to the form.
9	Did you know that he was professor	11:30:54	9 THE WITNESS: I read some of the
10	emeritus at Harvard?	11:30:56	10 articles that are on his reference list.
11	MS. CURRY: Object to the form,	11:30:58	11 BY MS. THOMPSON:
12	asked and answered.	11:30:58	12 Q. And you still had the questions
13	THE WITNESS: I just answered	11:31:01	13 that you raised in your report?
14	that. Emeritus means retired.	11:31:02	14 MS. CURRY: Object to the form.
15	BY MS. THOMPSON:		15 THE WITNESS: I stand by my
16	Q. Is every physician that retires at	11:31:07	16 report.
17	a academic institution a professor emeritus?	11:31:09	17 BY MS. THOMPSON:
18	A. I think it depends on the	11:31:14	18 Q. Okay. And so if the questions were
19	institution.	11:31:16	19 answered in the peer-reviewed literature that
20	Q. Does it depend on the body of --	11:31:17	20 Dr. Godleski and his team have published, that
21	the importance of the body of work and	11:31:24	21 doesn't impact the criticisms and questions that
22	contribution that the professor has made to the	11:31:26	22 you raise.
23	university?	11:31:28	23 MS. CURRY: Object to the form.
24	MS. CURRY: Object to the form.	11:31:29	24 THE WITNESS: That's correct.

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<p>1 BY MS. THOMPSON:</p> <p>2 Q. And in Ms. Judkins' pelvic tissues, 11:33:33</p> <p>3 Dr. Godleski found 17 talc particles. Do you 11:33:41</p> <p>4 agree? 11:33:45</p> <p>5 MS. CURRY: Object to the form. 11:33:45</p> <p>6 THE WITNESS: Let me see what he</p> <p>7 says. That's correct. 11:34:03</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. And Dr. Godleski's conclusion at 11:34:11</p> <p>10 the very last sentence in the report is that: 11:34:13</p> <p>11 "Therefore, based on the findings of this case, 11:34:17</p> <p>12 it can be stated to a reasonable degree of 11:34:20</p> <p>13 medical certainty that the talc found in this 11:34:22</p> <p>14 case is contributory evidence for a causal link 11:34:27</p> <p>15 between the presence of talc and the development 11:34:30</p> <p>16 of this patient's ovarian cancer." 11:34:33</p> <p>17 You agree that that's 11:34:36</p> <p>18 Dr. Godleski's conclusion, correct? 11:34:38</p> <p>19 A. That's his opinion. 11:34:41</p> <p>20 Q. It's his conclusion. Correct? 11:34:45</p> <p>21 A. It's his opinion. 11:34:47</p> <p>22 Q. And yet you are critical of 11:34:54</p> <p>23 Dr. Wolf for citing that Dr. Godleski's report 11:34:55</p> <p>24 supports her opinions. Correct? 11:35:04</p>	<p>1 that Johnson & Johnson did not think it was 11:36:13</p> <p>2 important either? 11:36:19</p> <p>3 MS. CURRY: Objection. Calls 11:36:19</p> <p>4 for speculation. 11:36:21</p> <p>5 THE WITNESS: I don't know what 11:36:21</p> <p>6 Johnson & Johnson thinks. 11:36:22</p> <p>7 BY MS. THOMPSON: 11:36:22</p> <p>8 Q. When you looked at the records, 11:36:25</p> <p>9 literature, anything provided to you by Johnson & 11:36:30</p> <p>10 Johnson, did you think you were getting 11:36:34</p> <p>11 everything that was important for you to review 11:36:37</p> <p>12 the case? 11:36:39</p> <p>13 MS. CURRY: Objection. And 11:36:40</p> <p>14 misstates prior testimony about how she 11:36:44</p> <p>15 received materials. 11:36:46</p> <p>16 THE WITNESS: I believe I had 11:36:48</p> <p>17 all of the materials I needed to render 11:36:49</p> <p>18 the opinions that I've rendered. 11:36:52</p> <p>19 BY MS. THOMPSON:</p> <p>20 Q. And is part of that because you are 11:36:58</p> <p>21 not considering asbestos when you're giving your 11:37:00</p> <p>22 opinions as to whether talcum powder can cause 11:37:06</p> <p>23 ovarian cancer? 11:37:10</p> <p>24 MS. CURRY: Object to the form. 11:37:10</p>
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<p>1 MS. CURRY: Object to the form. 11:35:07</p> <p>2 THE WITNESS: That's correct. 11:35:09</p> <p>3 BY MS. THOMPSON: 11:35:09</p> <p>4 Q. But she is just citing 11:35:13</p> <p>5 Dr. Godleski's conclusions. Correct? 11:35:16</p> <p>6 A. I don't necessarily know that 11:35:18</p> <p>7 that's the case. I'm not inside Dr. Wolf's head. 11:35:22</p> <p>8 All I know is that she said that Dr. Godleski's 11:35:25</p> <p>9 report supports her conclusion. 11:35:29</p> <p>10 Q. But you don't have to be in 11:35:32</p> <p>11 Dr. Wolf's head to read what she wrote, correct? 11:35:34</p> <p>12 A. Dr. Wolf says that Dr. Godleski's 11:35:38</p> <p>13 report supports her opinion. 11:35:40</p> <p>14 Q. And did you look at Dr. Longo's 11:35:51</p> <p>15 report for Ms. Judkins? 11:35:53</p> <p>16 A. I did not. 11:35:55</p> <p>17 Q. Why not? 11:35:57</p> <p>18 A. I didn't think it was important to 11:35:58</p> <p>19 my opinions. 11:35:59</p> <p>20 Q. And you were not provided 11:36:02</p> <p>21 Dr. Longo's report by Johnson & Johnson counsel, 11:36:05</p> <p>22 correct?</p> <p>23 A. That's correct. 11:36:09</p> <p>24 Q. And would that lead you to believe 11:36:10</p>	<p>1 THE WITNESS: Not specifically. 11:37:12</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Okay. So do you know what 11:37:16</p> <p>4 Dr. Longo found? 11:37:18</p> <p>5 A. I have not seen Dr. Longo's report. 11:37:18</p> <p>6 Q. Did you read Dr. Wolf's report that 11:37:21</p> <p>7 discusses Dr. Longo's findings? 11:37:24</p> <p>8 A. A while ago. 11:37:26</p> <p>9 Q. Did you read her deposition that 11:37:31</p> <p>10 discussed the significance of Dr. Longo's 11:37:32</p> <p>11 findings? 11:37:34</p> <p>12 A. I don't recall that specific 11:37:35</p> <p>13 section. 11:37:36</p> <p>14 Q. So in addition to talcum powder not 11:37:38</p> <p>15 causing this or contributing to Ms. Judkins' 11:37:50</p> <p>16 ovarian cancer, is it also your opinion that any 11:37:52</p> <p>17 asbestos that would be present in Johnson's baby 11:37:54</p> <p>18 powder and Shower to Shower does not contribute 11:37:59</p> <p>19 or cause her ovarian cancer? 11:38:01</p> <p>20 MS. CURRY: Object to the form. 11:38:03</p> <p>21 THE WITNESS: That's correct. 11:38:04</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. And are you aware that Dr. Longo 11:38:06</p> <p>24 estimated the amount of exposure that Ms. Judkins 11:38:16</p>

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1 would have received from her talcum powder usage 11:38:20	1 potential cause, and I'm trying to 11:40:52
2 of both talc and asbestos -- talc fibers and 11:38:29	2 determine why she omitted that from her 11:40:54
3 asbestos? 11:38:30	3 discussion. And it is relevant. 11:40:59
4 A. I have not seen Dr. Longo's report. 11:38:30	4 MS. CURRY: And she did respond 11:41:01
5 Q. Did you read that in Dr. Wolf's 11:38:32	5 to that question already. But now 11:41:02
6 report? 11:38:34	6 you're asking specifically about the 11:41:04
7 A. I don't recall that. 11:38:35	7 IARC monograph, which is clearly a 11:41:08
8 Q. Is it your opinion that asbestos 11:38:47	8 general cause opinion. 11:41:10
9 exposure could not have caused or contributed to 11:38:51	9 MS. THOMPSON: No, it's related 11:41:12
10 Ms. Judkins' ovarian cancer? 11:38:56	10 to why she would disregard IARC's 11:41:13
11 A. That's correct. 11:38:57	11 determination. 11:41:18
12 Q. And in your report on Ms. Judkins, 11:39:05	12 MS. CURRY: Disagree. 11:41:18
13 there's no discussion of the potential role of 11:39:08	13 THE WITNESS: IARC did not weigh 11:41:20
14 asbestos. Correct? 11:39:12	14 in on Ms. Judkins' development of 11:41:22
15 MS. CURRY: Object to the form. 11:39:13	15 ovarian cancer. 11:41:25
16 THE WITNESS: That's correct. 11:39:15	16 BY MS. THOMPSON: 11:41:26
17 BY MS. THOMPSON:	17 Q. But IARC did weigh in on exposure 11:41:26
18 Q. And wouldn't you agree that an 11:39:18	18 to talc fibers and asbestos in causing ovarian 11:41:29
19 omission of a piece of evidence is as important 11:39:20	19 cancer, correct? 11:41:34
20 as including something that is irrelevant? 11:39:25	20 MS. CURRY: Object to the form. 11:41:35
21 MS. CURRY: Object to the form. 11:39:31	21 THE WITNESS: Not with respect 11:41:36
22 THE WITNESS: I don't understand 11:39:33	22 to Ms. Judkins, and we covered all of 11:41:37
23 that question. 11:39:33	23 this yesterday. 11:41:39
24 BY MS. THOMPSON:	24 BY MS. THOMPSON:
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1 Q. Okay. I don't either. 11:39:35	1 Q. I am not asking you -- I'm asking 11:41:46
2 Is the omission of any discussion 11:39:49	2 you the question, did IARC determine that talc 11:41:48
3 of potential exposure to asbestos of Ms. Judkins 11:39:50	3 fibers and asbestos can cause ovarian cancer? 11:41:52
4 relevant to your opinions? 11:39:54	4 MS. CURRY: Now I'm going to 11:41:56
5 MS. CURRY: Object to the form. 11:39:57	5 instruct her not to answer. This is 11:41:58
6 THE WITNESS: Is the omission of 11:39:59	6 clearly within the realm of general 11:41:59
7 any discussion of asbestos -- I do not 11:40:01	7 opinions and -- 11:42:03
8 believe that asbestos is related to 11:40:03	8 MS. THOMPSON: Well, I want to 11:42:03
9 Ms. Judkins' development of ovarian 11:40:06	9 know why it isn't included in 11:42:04
10 cancer. 11:40:07	10 Ms. Judkins' report. That is totally 11:42:05
11 BY MS. THOMPSON: 11:40:07	11 unacceptable. So -- but if you instruct 11:42:07
12 Q. Is it related to any increased risk 11:40:11	12 her not to answer -- 11:42:10
13 of ovarian cancer in any way? 11:40:14	13 MS. CURRY: And she answered -- 11:42:10
14 A. I do not believe that asbestos is 11:40:15	14 MS. THOMPSON: -- well, put that
15 related to the development of ovarian cancer. 11:40:20	15 on the record.
16 Q. And you do know that IARC has 11:40:22	16 MS. CURRY: I'm sorry. I did 11:42:11
17 determined that talc fibers and asbestos cause 11:40:35	17 not mean to cut you off, Margaret. 11:42:12
18 ovarian cancer, do you not? 11:40:38	18 She did answer why it was not in 11:42:15
19 MS. CURRY: Object to the form. 11:40:39	19 the report for Ms. Judkins, and that she 11:42:18
20 Covered. That would be a general cause 11:40:40	20 doesn't find that asbestos -- it's her 11:42:20
21 opinion that you are out of time on 11:40:43	21 opinion that it's not related to the 11:42:22
22 questioning about. 11:40:48	22 development of ovarian cancer. But 11:42:24
23 MS. THOMPSON: I'm asking about 11:40:48	23 we're not going to retread IARC today as 11:42:25
24 her failure to include asbestos as a 11:40:49	24 a general cause opinion. I'm sorry. 11:42:29

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1 BY MS. THOMPSON:	1 report relating to her literature review that you 11:46:19
2 Q. And would asbestos -- the presence 11:42:33	2 found inaccurate? 11:46:24
3 of asbestos impact your opinions on mechanism in 11:42:36	3 A. Yes. 11:46:26
4 any way on Ms. Judkins? 11:42:41	4 Q. And I'm talking about her reference 11:46:31
5 MS. CURRY: Object to the form. 11:42:42	5 to the literature, not her opinions. 11:46:34
6 THE WITNESS: Asbestos did not 11:42:44	6 And what were those? 11:46:36
7 contribute to Ms. Judkins' developing 11:42:45	7 A. She -- 11:46:37
8 ovarian cancer. 11:42:47	8 MS. CURRY: Object to the form. 11:46:37
9 BY MS. THOMPSON: 11:42:48	9 Sorry, go ahead.
10 Q. Okay. A few final questions. If 11:42:55	10 THE WITNESS: She states that 11:46:43
11 you'll turn to your report. 11:42:57	11 Phung is evidence of cumulative synergy 11:46:52
12 A. I'm there. 11:43:02	12 additive effects of risk factors, and 11:46:56
13 Q. And if we could -- 11:43:04	13 that is not what the authors concluded. 11:46:58
14 A. Oh, Ms. Thompson, I'm sorry. May 11:43:07	14 And she in deposition testimony 11:47:01
15 I -- before we move entirely on, on that page 11:43:10	15 states that the American Cancer Society 11:47:05
16 that we were just on, I realized that I have a 11:43:14	16 is calling for more research on the 11:47:09
17 typo in that same paragraph that we were on. 11:43:17	17 perineal application of talc and the 11:47:13
18 The second to last sentence should 11:43:23	18 risk of developing ovarian cancer, and 11:47:16
19 read: "The left ovary, cervix and right pelvic 11:43:25	19 that's actually not what they say. 11:47:18
20 lymph node." So I have the laterality correct up 11:43:30	20 BY MS. THOMPSON:
21 above, but I mistyped it on the second to last 11:43:33	21 Q. Anything else, that was factually 11:47:23
22 line. It should not be right pelvic -- I'm 11:43:36	22 incorrect in your mind? 11:47:27
23 sorry, it should be right pelvic lymph node, not 11:43:39	23 MS. CURRY: Object to the form. 11:47:29
24 left. 11:43:41	24 THE WITNESS: Not that I can 11:47:30
Page 434	Page 436
1 Q. Thank you. 11:43:44	1 recall right now. 11:47:31
2 A. I apologize for that. 11:43:44	2 BY MS. THOMPSON:
3 Q. That's no problem. 11:43:45	3 Q. Okay. And where in Dr. Wolf's 11:47:41
4 MS. THOMPSON: If we could get 11:44:04	4 report did you see that she concluded that 11:47:43
5 Dr. Wolf's report in front of Dr. Saenz. 11:44:05	5 Ms. Judkins' ovarian cancer was caused by the 11:47:48
6 (Exhibit No. 38 was marked for	6 perineal application of talc because she couldn't 11:47:51
7 identification.)	7 identify any other risk factor? Does she say 11:47:55
8 BY MS. THOMPSON:	8 anything like that in her report? 11:47:58
9 Q. And it's in your report, page -- I 11:45:05	9 MS. CURRY: Object to the form. 11:47:59
10 have labeled as page 4, but it's -- I think it's 11:45:11	10 THE WITNESS: Well, she states 11:48:01
11 the next to last page, it's the page that the 11:45:20	11 that she doesn't have any other risk 11:48:03
12 footnote at the bottom is "Deposition transcript 11:45:26	12 factors. 11:48:07
13 of Lloyd West." 11:45:28	13 BY MS. THOMPSON:
14 A. Yes, I have that. 11:45:31	14 Q. But you're stating that that's the 11:48:13
15 Q. And I'm looking at the paragraph -- 11:45:33	15 reason she stated that ovarian cancer was caused 11:48:14
16 the last paragraph that begins: "In her reports 11:45:36	16 by perineal application of talc because she 11:48:19
17 and in testimony, Dr. Wolf states that she has 11:45:40	17 couldn't identify any other risk factors. 11:48:22
18 performed a differential diagnosis and concluded 11:45:45	18 She doesn't say that, does she? 11:48:24
19 that Ms. Judkins' ovarian cancer was caused by 11:45:49	19 A. She doesn't identify -- 11:48:26
20 the perineal application of talc because she 11:45:52	20 MS. CURRY: Object to the form. 11:48:26
21 cannot identify that Ms. Judkins had any of the 11:45:54	21 THE WITNESS: Sorry. She 11:48:26
22 established risk factors for ovarian cancer." 11:45:59	22 doesn't identify any other contributing 11:48:27
23 Two questions. One, did you 11:46:03	23 causes of Ms. Judkins' ovarian cancer. 11:48:29
24 identify anything -- any statements in Dr. Wolf's 11:46:05	24 BY MS. THOMPSON: 11:48:31

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1	Q. But your statement is that's why 11:48:32	1	in the world. Would you agree? 11:50:30
2	she concludes that talc is a contributing cause 11:48:33	2	A. I think it's number two. 11:50:31
3	because she couldn't identify anything else, and 11:48:38	3	Q. Well, I like Duke. 11:50:38
4	that's not correct. 11:48:41	4	So -- and you know -- do you know 11:50:40
5	A. No, it is correct. 11:48:42	5	that her career was exclusively devoted to 11:50:43
6	Q. Okay. That would be speculation, 11:48:44	6	ovarian cancer? 11:50:48
7	you would agree? 11:48:47	7	MS. CURRY: Object to the form. 11:50:49
8	MS. CURRY: Object to the form. 11:48:48	8	THE WITNESS: No, I do not. 11:50:50
9	THE WITNESS: No, I don't agree. 11:48:49	9	BY MS. THOMPSON:
10	BY MS. THOMPSON: 11:48:50	10	Q. Did you know that she did bench 11:50:52
11	Q. Okay. And then at the bottom of 11:48:56	11	work as well as clinical work, actually performed 11:50:54
12	that, you say: "Dr. Wolf has fallen into the 11:48:57	12	the bench work? 11:50:57
13	same trap that many of our patients fall into, 11:49:01	13	MS. CURRY: Object to the form. 11:50:58
14	they simply want an explanation as to why they 11:49:07	14	THE WITNESS: No, I do not. 11:50:59
15	developed cancer. Since she can't identify the 11:49:11	15	BY MS. THOMPSON:
16	reason for Ms. Judkins' ovarian cancer, she is 11:49:16	16	Q. Do you know that she has hundreds 11:51:03
17	attributing it to the use of baby powder 11:49:21	17	of publications specifically relating to ovarian 11:51:05
18	products. Sound medical judgment does not 11:49:23	18	cancer? 11:51:08
19	function in this manner." 11:49:27	19	MS. CURRY: Object to the form. 11:51:08
20	That's a strong criticism of 11:49:29	20	THE WITNESS: No, I do not. 11:51:09
21	Dr. Wolf, isn't it? 11:49:31	21	BY MS. THOMPSON:
22	A. Yes, it is. 11:49:33	22	Q. Is it your opinion that she cares 11:51:10
23	Q. Do you know Dr. Wolf? 11:49:34	23	about her patients less than you do? 11:51:15
24	A. No, I do not. 11:49:36	24	MS. CURRY: Object to the form. 11:51:18
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1	Q. Do you know anything about her 11:49:40	1	THE WITNESS: I have no such 11:51:18
2	career? 11:49:41	2	opinion. 11:51:20
3	A. Only what she has written in her 11:49:42	3	BY MS. THOMPSON: 11:51:20
4	reports. 11:49:44	4	Q. Is it your opinion that she cares 11:51:23
5	Q. And what is that? 11:49:45	5	about preventing ovarian cancer less than you do? 11:51:25
6	MS. CURRY: Object to the form. 11:49:51	6	MS. CURRY: Object to the form. 11:51:28
7	THE WITNESS: That she has 11:49:52	7	THE WITNESS: I have no such 11:51:28
8	worked at various institutions, and that 11:49:53	8	opinion. 11:51:29
9	most recently she's been employed at 11:49:55	9	BY MS. THOMPSON:
10	various hospitals as a locum tenens GYN 11:49:58	10	Q. Do you know that she has been an 11:51:33
11	oncologist. 11:50:03	11	advocate for ovarian cancer and raised hundreds 11:51:36
12	BY MS. THOMPSON: 11:50:04	12	of thousands of dollars for ovarian cancer 11:51:38
13	Q. And where was the bulk of her 11:50:04	13	research? 11:51:41
14	professional career -- 11:50:07	14	MS. CURRY: Object to the form. 11:51:41
15	MS. CURRY: Object to the form. 11:50:08	15	THE WITNESS: I have no 11:51:42
16	BY MS. THOMPSON:	16	knowledge of that. 11:51:43
17	Q. -- performed? 11:50:10	17	BY MS. THOMPSON:
18	A. I believe she was at an MD Anderson 11:50:10	18	Q. And so I want to read from 11:51:53
19	affiliate. 11:50:14	19	Dr. Wolf's report, and this is the closest I 11:51:57
20	Q. She was actually at MD Anderson in 11:50:14	20	could find to the opinions you gave that she fell 11:51:59
21	Houston. Were you aware of that? 11:50:18	21	into the trap of -- like patients of wanting to 11:52:03
22	A. No, I was not. 11:50:20	22	know what caused cancer, and others that you are 11:52:07
23	Q. And MD Anderson is frequently, if 11:50:21	23	extremely critical of. 11:52:11
24	not always, named as the number one cancer center 11:50:27	24	If you will turn to -- and I do not 11:52:13

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1 have -- let me pull up mine so I can direct you 11:52:27	1 statement by Dr. Wolf? 11:56:09
2 to the correct page. 11:52:30	2 A. Which is Dr. Wolf's statement and 11:56:12
3 And do you have Dr. Wolf's report 11:52:47	3 which is from the Vineis paper? 11:56:14
4 in front of you, Dr. Saenz? 11:52:50	4 Q. Well, I'm reading the statement 11:56:15
5 A. Yes, I do. 11:52:51	5 from Dr. Wolf, and that's what I'm asking you if 11:56:18
6 Q. If you could turn to page -- sorry, 11:53:02	6 you agree with. I'm not asking if you agree with 11:56:21
7 this wasn't what I was looking for. 11:53:34	7 the Vineis paper or if the Vineis paper even 11:56:23
8 Okay. I was searching for NCI and 11:54:24	8 supports this opinion or this statement. I'm 11:56:27
9 got incidence every time. 11:54:27	9 asking if you agree with that statement. 11:56:29
10 If you will turn to page 3 of her 11:54:29	10 A. I agree with that statement. 11:56:31
11 general report. 11:54:30	11 Q. "And as a physician, I use the 11:56:42
12 A. Okay. 11:54:35	12 terms 'risk factor' and 'contributing cause' 11:56:44
13 Q. And beginning with the paragraph 11:54:36	13 interchangeably when the known or predictable 11:56:47
14 towards the bottom, "The National Cancer 11:54:39	14 mechanism for the effect is plausible." 11:56:51
15 Institute." 11:54:43	15 Did I read that correctly? 11:56:54
16 "The National Cancer Institute 11:54:43	16 A. You read that correctly. 11:56:55
17 defines a risk factor as something that increases 11:54:46	17 Q. And is it your understanding that 11:56:57
18 the chances of developing a disease. 11:54:50	18 this is Dr. Wolf's methodology for determining 11:57:02
19 Associations can occur that are not actually 11:54:54	19 whether a risk factor can be a contributing cause 11:57:10
20 linked with a disease." 11:54:58	20 of ovarian cancer? 11:57:13
21 Are we okay so far? Do you agree 11:55:00	21 MS. CURRY: Object to the form. 11:57:14
22 with those two statements? 11:55:02	22 THE WITNESS: I think she's 11:57:16
23 MS. CURRY: Object to the form. 11:55:04	23 saying that's her practice, but I don't 11:57:17
24 Do you mean do you agree with 11:55:06	24 know that that's her methodology. 11:57:19
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1 the statements themselves or that you 11:55:08	1 BY MS. THOMPSON:
2 read them correctly? 11:55:10	2 Q. Okay. That would be her practice 11:57:21
3 MS. THOMPSON: Oh, that's a good 11:55:11	3 then, as she states, correct? 11:57:23
4 question. 11:55:12	4 A. That's what she states. 11:57:25
5 BY MS. THOMPSON: 11:55:12	5 Q. And do you disagree with this 11:57:27
6 Q. Did I read them correctly first? 11:55:12	6 practice? 11:57:33
7 A. You read them correctly. 11:55:15	7 MS. CURRY: Object to the form. 11:57:33
8 Q. And do you agree with those two 11:55:17	8 THE WITNESS: I do. 11:57:34
9 statements in Dr. Wolf's report? 11:55:19	9 BY MS. THOMPSON: 11:57:34
10 A. Yes. 11:55:21	10 Q. And what part of that statement do 11:57:38
11 Q. All right. She goes on: "A 11:55:22	11 you disagree with? 11:57:39
12 causative risk factor is one that increases the 11:55:23	12 A. Plausible is not the same thing as 11:57:40
13 chances of developing a disease by means of a 11:55:28	13 what is outlined before, which is a known or 11:57:44
14 known or predictable mechanism. In other words, 11:55:32	14 predictable mechanism. 11:57:47
15 it is more than a mere association." And she 11:55:36	15 Q. Who said plausible was known? 11:57:54
16 gives a cite, Vineis 2017. 11:55:42	16 A. Plausible is not the same word as 11:57:56
17 Do you agree with that statement? 11:55:45	17 known or predictable, so -- 11:57:58
18 A. I have not -- I am not looking at 11:55:47	18 Q. Right, but it could -- sorry. But 11:58:00
19 the Vineis paper, so I don't know exactly what 11:55:57	19 it's "or," not "and," correct? 11:58:04
20 sentences come from Vineis, but you read them 11:56:00	20 A. But the definition above of a 11:58:07
21 correctly, and I don't object to anything that's 11:56:02	21 causative risk factor is one that vis-à-vis is 11:58:11
22 been said so far. 11:56:04	22 through means of a known or predictable 11:58:16
23 BY MS. THOMPSON: 11:56:05	23 mechanism. That's not the same as the word that 11:58:19
24 Q. But would you agree with the 11:56:06	24 Dr. Wolf is using, which is "plausible." 11:58:22

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1	Q. Well, I believe we discussed	11:58:27	1	MS. THOMPSON: Yes, I'm --	12:00:51
2	definitions of "plausible," and -- and	11:58:30	2	MS. CURRY: Right. So you're in	12:00:51
3	"predictable" was included.	11:58:36	3	the general -- you're in Dr. Wolf's	12:00:52
4	MS. CURRY: Object to the form.	11:58:39	4	general opinions, and I think what	12:00:55
5	THE WITNESS: I think this is	11:58:39	5	Dr. Saenz was referring to, but she can	12:00:58
6	her practice, and I disagree with it.	11:58:40	6	obviously correct me if I'm wrong, was	12:00:59
7	BY MS. THOMPSON:		7	the case-specific opinions for	12:01:02
8	Q. Okay. And I'm not surprised that	11:58:43	8	Ms. Judkins starting on page 22.	12:01:04
9	you disagree with it. I'm just reading into the	11:58:48	9	BY MS. THOMPSON:	
10	record what Dr. Wolf's methods and practice are	11:58:51	10	Q. And Dr. Wolf's -- in all fairness,	12:01:06
11	regarding to how she determined that talcum	11:58:55	11	Dr. Wolf's general opinions are incorporated into	12:01:09
12	powder usage was a contributing cause to	11:59:00	12	her Judkins' case-specific opinions, correct?	12:01:13
13	Ms. Judkins' ovarian cancer.	11:59:02	13	I'm just trying to look at Dr.	12:01:19
14	And reading on --		14	Wolf's report to see where you came to the very	12:01:23
15	MS. CURRY: Objection to whatever	11:59:08	15	critical opinion or how you came to the very	12:01:27
16	that statement was.	11:59:09	16	critical opinion that Dr. Wolf's conclusions in	12:01:31
17	BY MS. THOMPSON:		17	Ms. Judkins' case were unsound. Okay?	12:01:37
18	Q. -- if we go on to the paragraph	11:59:22	18	A. They're unsound because she	12:01:40
19	that begins -- the next paragraph: "The most	11:59:24	19	attributes Ms. Judkins' ovarian cancer to the	12:01:42
20	significant risk factors associated with ovarian	11:59:25	20	perineal application of talc, and there is not a	12:01:45
21	cancer are inherited susceptibility to genes,	11:59:28	21	significant -- a consistently significant body of	12:01:52
22	primarily BRCA1, BRCA2, and the mismatched repair	11:59:32	22	literature that demonstrates that the perineal	12:01:57
23	genes," parenthesis, "associated with Lynch	11:59:39	23	application of talc increases an individual or	12:02:02
24	syndrome."	11:59:41	24	any woman's risk of developing ovarian cancer.	12:02:05
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1	Do you agree with that statement?	11:59:41	1	And so to attribute Ms. Judkins'	12:02:08
2	MS. CURRY: Object to the form.	11:59:43	2	ovarian cancer to talc is just wrong. The	12:02:12
3	THE WITNESS: Right. What does	11:59:45	3	science doesn't support that.	12:02:15
4	this have to do with Ms. Judkins?	11:59:46	4	Q. So you have a different opinion.	12:02:19
5	BY MS. THOMPSON:		5	I -- I understand that. But you agree that there	12:02:29
6	Q. You offered strong criticism of Dr.	11:59:50	6	are many not only physicians but agencies and	12:02:36
7	Wolf and her opinions, and I am trying to find	11:59:54	7	other sources that agree with Dr. Wolf's	12:02:45
8	where she gives opinions or statements that would	11:59:58	8	opinions, correct?	12:02:48
9	have prompted you for the strong opinions that	12:00:04	9	MS. CURRY: Object to the form.	12:02:49
10	her opinions are unsound and they're the	12:00:08	10	THE WITNESS: No, that's not	12:02:50
11	equivalent of a patient that's just looking for	12:00:11	11	correct.	12:02:51
12	an explanation and she blames talc. I am looking	12:00:14	12	BY MS. THOMPSON:	
13	for where you found that.	12:00:19	13	Q. Does Health Canada agree with Dr.	12:02:54
14	MS. CURRY: Object to the form.	12:00:21	14	Wolf's opinions?	12:02:58
15	BY MS. THOMPSON:		15	A. Health Canada relied on an analysis	12:02:59
16	Q. And if you can point me to	12:00:22	16	that was faulty, and Health Canada has published	12:03:02
17	something else, that's fine. This is the closest	12:00:24	17	that they do believe that the perineal	12:03:06
18	I could come to what she states regarding the	12:00:26	18	application of talc can cause ovarian cancer.	12:03:09
19	issue of how she came to the causation opinion	12:00:31	19	However, they can't explain the biologic	12:03:11
20	that you believe is unsound.	12:00:35	20	mechanism. They believe that that still remains	12:03:16
21	MS. CURRY: Object to the form.	12:00:37	21	a big question mark. And they also can't explain	12:03:20
22	And I think in reference to the	12:00:42	22	why there's a lack of a biologic gradient.	12:03:24
23	case-specific opinion that Dr. Wolf	12:00:45	23	But the majority --	12:03:28
24	offered for Ms. Judkins, which --	12:00:48	24	Q. Right, if you --	

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1 A. The majority of organizations here 12:03:29	2 in the United States, which is where we live and 12:03:32	1 woman's development of ovarian cancer exercised 12:05:45
3 practice, do not agree with Dr. Wolf. And the 12:03:35	4 state of the science as it is today does not 12:03:38	2 unsound judgment? 12:05:50
5 agree with Dr. Wolf, and the summary of it is not 12:03:42	6 consistent with Dr. Wolf's opinions. 12:03:46	3 MS. CURRY: Object to the form, 12:05:51
7 Q. Since you brought it up, I believe 12:03:47	8 what Health Canada states is that it's indicative 12:03:51	4 and general opinion. 12:05:53
9 of a causal relationship, correct? 12:03:56		5 THE WITNESS: I believe that 12:05:56
10 A. I didn't bring it up. 12:03:59		6 anyone that has done as thorough of a 12:05:57
11 MS. CURRY: Object to the form.		7 review as I have and reviewed all of the 12:06:03
12 THE WITNESS: You brought it up. 12:04:01		8 literature published to date and has the 12:06:06
13 You said Health Canada agrees with her. 12:04:03		9 same grasp of the state of the science 12:06:08
14 So I did not bring it up, you brought it 12:04:06		10 would come to the same conclusion that I 12:06:10
15 up.		11 have.
16 BY MS. THOMPSON:		12 BY MS. THOMPSON: 12:06:13
17 Q. But I just asked the question, does 12:04:09		13 Q. And if they did not, their judgment 12:06:13
18 Health Canada agree with her? But moving on -- 12:04:11		14 would be unsound? 12:06:15
19 we'll move on. 12:04:15		15 A. They would be wrong. 12:06:16
20 Do you agree -- so are you saying 12:04:16		16 MS. CURRY: Object to the form. 12:06:17
21 that anyone that would -- let's start with 12:04:18		17 THE WITNESS: They would be 12:06:20
22 association. 12:04:24		18 wrong. 12:06:20
23 Would you agree that any physician 12:04:25		19 BY MS. THOMPSON: 12:06:21
24 or organization that states there's an 12:04:28		20 Q. And if another physician had the 12:06:21
		21 opinion that -- or agency or organization came to 12:06:28
		22 the opinion if talc -- that talc -- if -- let me 12:06:38
		23 start all over on this one. 12:06:42
		24 If a physician, agency or 12:06:44
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1 association between talcum powder use and ovarian 12:04:31	2 cancer is wrong? 12:04:34	1 organization determined that if talc contained 12:06:46
3 MS. CURRY: Object to the form. 12:04:34		2 asbestos, it could cause a woman, like 12:06:53
4 And this was covered in general 12:04:35		3 Ms. Judkins, ovarian cancer, would that opinion 12:06:58
5 opinions. This is not Judkins' specific 12:04:38		4 also be wrong? 12:07:03
6 questions or any -- 12:04:42		5 MS. CURRY: Object to the form. 12:07:04
7 BY MS. THOMPSON:		6 And it's a general opinion, even though 12:07:05
8 Q. Would you -- is it your opinion 12:04:44		7 the word "Judkins" is in there. 12:07:08
9 that any physician who would give that opinion 12:04:47		8 THE WITNESS: I'm not weighing 12:07:12
10 that talcum powder could contribute to 12:04:54		9 in on the constituents of what's in the 12:07:13
11 Ms. Judkins' ovarian cancer would be wrong? 12:05:01		10 baby powder. The baby powder literature 12:07:15
12 A. Yes.		11 does not support a role for the perineal 12:07:18
13 Q. Not just that you have different 12:05:05		12 application of talc to increase the 12:07:22
14 opinions. 12:05:07		13 development of ovarian cancer in 12:07:22
15 A. Not just that I have different 12:05:08		14 Ms. Judkins or in anyone. 12:07:24
16 opinions. If they've actually reviewed all of 12:05:10		15 And so if -- the answer to your 12:07:27
17 the literature, all of the science as I have, the 12:05:13		16 question is that the science does not 12:07:31
18 epidemiology, the cell studies, the animal 12:05:17		17 support that conclusion. 12:07:34
19 studies, they would come to the same conclusion 12:05:21		18 BY MS. THOMPSON: 12:07:37
20 that I have. 12:05:23		19 Q. And I'm looking to your conclusion 12:07:37
21 Q. And you would agree -- would you 12:05:26		20 in Ms. Judkins' case, are you aware that NCI, 12:07:40
22 agree that any physician who did the analysis 12:05:27		21 CDC, ACS, and FDA all have statements that 12:07:46
23 that you did who then concluded that talcum 12:05:35		22 asbestos causes ovarian cancer? 12:07:52
24 powder use could be a contributing factor to a 12:05:41		23 MS. CURRY: Object to the form. 12:07:54
		24 And general -- it's a general cause 12:07:56

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1	opinion again.	12:08:00	1	I say nothing about asbestos in my
2	THE WITNESS: And it's	12:08:01	2	report on Ms. Judkins, and I'm not
3	irrelevant to my opinion.	12:08:02	3	weighing in on that. I'm not giving any
4	BY MS. THOMPSON:	12:08:04	4	opinions with respect to asbestos
5	Q. I don't think you answered my	12:08:04	5	causing Ms. Judkins' ovarian cancer, and
6	question, and I'm reading from Ms. Judkins'	12:08:05	6	whether or not those organizations have
7	report.	12:08:10	7	statements to such an effect have
8	Are you aware that NCI, CDC, ACS,	12:08:11	8	nothing do with Ms. Judkins developing
9	and FDA all have statements -- public statements	12:08:17	9	ovarian cancer.
10	that asbestos causes ovarian cancer?	12:08:22	10	BY MS. THOMPSON:
11	MS. CURRY: Same objection.	12:08:26	11	Q. And the reason is you intentionally
12	THE WITNESS: I see nothing in	12:08:27	12	did not look at any evidence regarding asbestos,
13	my report about asbestos in any of those	12:08:28	13	correct?
14	organizations on Ms. Judkins. So it's	12:08:31	14	MS. CURRY: Object to the form.
15	irrelevant to my --	12:08:36	15	She has an entire section of asbestos in
16	BY MS. THOMPSON:	12:08:38	16	her general report, which is referred to
17	Q. That's not my question. Let me ask	12:08:38	17	in the end of Ms. Judkins.
18	my question again.	12:08:39	18	MS. THOMPSON: I thought we were
19	A. You can ask it as many times as you	12:08:39	19	talking about Ms. Judkins, and my
20	want. I'm going to stand by my answer. I am	12:08:42	20	question was specifically about Ms.
21	not weighing in --	12:08:45	21	Judkins' report.
22	Q. Okay. I'm going to ask it again.		22	BY MS. THOMPSON:
23	A. I am not weighing in on asbestos.	12:08:46	23	Q. You intentionally omitted any
24	Q. I want you to listen to my	12:08:48	24	discussion of asbestos exposure in Ms. Judkins'
		Page 454	Page 456	
1	question, okay?	12:08:50	1	report, correct?
2	You didn't consider asbestos in	12:08:50	2	MS. CURRY: Object to the form.
3	Ms. Judkins' report, correct?	12:08:53	3	THE WITNESS: The premise of
4	MS. CURRY: Object to the form.	12:08:56	4	Ms. Judkins developing ovarian cancer as
5	THE WITNESS: Correct. And I've	12:08:58	5	put forth by plaintiffs is that it's the
6	answered that before, even in this	12:08:59	6	perineal application of baby powder that
7	deposition.	12:09:01	7	led to her getting ovarian cancer. The
8	BY MS. THOMPSON:	12:09:01	8	constituents of the baby powder are not
9	Q. And you didn't look at the expert	12:09:01	9	important to me, because the baby powder
10	report that measured what her exposure to	12:09:04	10	literature itself does not support an
11	asbestos would be, correct?	12:09:09	11	increased risk of Ms. Judkins developing
12	MS. CURRY: Object to the form,	12:09:12	12	ovarian cancer because she applied baby
13	asked and answered.	12:09:14	13	powder to her perineum.
14	THE WITNESS: I've already	12:09:14	14	BY MS. THOMPSON:
15	answered this question.	12:09:16	15	Q. And with all those things that you
16	BY MS. THOMPSON:	12:09:17	16	looked at, you did not look at the report that
17	Q. Okay. So that's just leading into	12:09:17	17	actually estimates her exposure to asbestos,
18	this question, and that is, are you aware --	12:09:19	18	correct?
19	listen carefully -- that NCI, CDC, ACS, and FDA	12:09:26	19	MS. CURRY: Object to the form,
20	all have made public statements that asbestos	12:09:32	20	asked and answered.
21	cause ovarian cancer?	12:09:35	21	THE WITNESS: I've answered this
22	MS. CURRY: Same objection.	12:09:39	22	question, ma'am, several times.
23	THE WITNESS: This has nothing	12:09:40	23	BY MS. THOMPSON:
24	to do with my opinions on Ms. Judkins.	12:09:42	24	Q. Well, you can answer it again.

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1	A. I decline to.	12:11:19	1 MS. THOMPSON: Dawn, we're going 12:23:12
2	MS. CURRY: Same objection.	12:11:20	2 to start with Ms. Rausa's next if we can 12:23:13
3	MS. THOMPSON: Are you	12:11:25	3 get the records for her. 12:23:16
4	instructing her not to answer?	12:11:25	4 (Exhibit No. 39 was marked for
5	MS. CURRY: I'm not instructing	12:11:27	5 identification.)
6	her not to answer. I'm just objecting	12:11:28	6 BY MS. THOMPSON:
7	that it's been asked and answered.		7 Q. Dr. Saenz, would you please provide 12:25:52
8	BY MS. THOMPSON:	12:11:30	8 me with the methodology that you used in writing 12:25:54
9	Q. So you're refusing to answer the	12:11:30	9 your case-specific report on Ms. Rausa and coming 12:26:00
10	question --	12:11:31	10 to the conclusions that you include in it. 12:26:04
11	A. I've answered it already.	12:11:32	11 A. It's very similar to the 12:26:09
12	Q. -- that I just asked?	12:11:34	12 methodology that I described for Ms. Judkins. I 12:26:10
13	A. I've answered it already. We can	12:11:35	13 read all of the medical literature -- sorry, not 12:26:15
14	have Leslie read it back into the record if you	12:11:36	14 medical literature -- scientific literature on 12:26:19
15	like, but I've answered it multiple times.	12:11:38	15 talc and the risk of ovarian cancer that has been 12:26:22
16	Q. Okay, let's do that.	12:11:39	16 discussed previously, the cell culture studies, 12:26:24
17	MS. THOMPSON: Leslie, read back	12:11:40	17 the animal studies, the epidemiology studies. I 12:26:28
18	the last -- the answer to the last	12:11:41	18 reviewed the medical records for Ms. Rausa. I 12:26:32
19	question.	12:11:43	19 reviewed the depositions for Ms. Rausa and some 12:26:35
20	(Whereupon, the requested	12:11:43	20 of her treating physicians as well as 12:26:40
21	record was read.)		21 Dr. Clarke-Pearson and his reports as well, and 12:26:42
22	MS. THOMPSON: And the answer	12:12:11	22 all of the medical records that have been 12:26:47
23	was?	12:12:12	23 provided to me on her. 12:26:51
24	THE REPORTER: "I've answered it		24 There are a couple of things that 12:26:53
		Page 458	Page 460
1	already."		1 aren't listed here. Dr. Clarke-Pearson's most 12:27:00
2	BY MS. THOMPSON:	12:12:23	2 updated expert report dated May 28th I also read, 12:27:04
3	Q. Okay. What was the answer? It was	12:12:23	3 and that's not listed here. And then there was 12:27:07
4	yes or no, right? And you can't -- don't want to	12:12:24	4 actually even another group of Ms. Rausa's 12:27:09
5	answer that again?	12:12:27	5 medical records that were more recently provided 12:27:14
6	A. Ma'am, I've told you --	12:12:27	6 to me that included a clinic visit, as I think 12:27:17
7	Q. Because I don't think there's a	12:12:30	7 the last clinic visit that I saw any records for 12:27:27
8	clear answer.	12:12:31	8 her were from January 4th of 2024. And so I 12:27:31
9	MS. CURRY: Object to the form.	12:12:31	9 don't know that that bundle is listed on this 12:27:36
10	THE WITNESS: I did not read	12:12:32	10 list because I received that after my report was 12:27:39
11	Dr. Longo's report. Is that clear?	12:12:33	11 submitted. 12:27:42
12	BY MS. THOMPSON:		12 Q. Okay. Thank you. 12:27:44
13	Q. Yes. And I was also asking the	12:12:37	13 And you agree that Ms. Rausa was 12:27:46
14	reason.	12:12:40	14 diagnosed with a high grade serous ovarian 12:27:52
15	A. And I've also --	12:12:42	15 cancer, stage 3, in June 13th, 2018, at age 63, 12:27:56
16	MS. CURRY: Object to the form,	12:12:43	16 correct?
17	asked and answered.	12:12:44	17 A. Yes. 12:28:07
18	THE WITNESS: -- already	12:12:44	18 Q. And again, I'll be asking some of 12:28:11
19	answered you that it was not relevant to	12:12:45	19 the same questions just so we have a record 12:28:13
20	my opinions.	12:12:47	20 regarding Ms. Rausa, but I'll try to be 12:28:16
21	MS. THOMPSON: Okay, thank you.	12:12:48	21 efficient, okay? 12:28:19
22	We can take a break if we want.	12:12:50	22 A. I'm -- yeah, I'm sorry. Did you 12:28:20
23	That's all I have on Ms. Judkins.	12:12:51	23 say 2023? Did I mishear you, Margaret? I'm so 12:28:22
24	(Recess.)		24 sorry. June 13th, 2018, correct? 12:28:26

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1 Q. 2018.	12:28:29	1 ovarian cancer in general, correct?	12:30:43
2 A. At age 63. My bad. I'm sorry.	12:28:30	2 MS. CURRY: Object to the form,	12:30:48
3 Yeah, that was me.	12:28:32	3 asked and answered.	12:30:48
4 Q. Is ovarian cancer considered a	12:28:36	4 THE WITNESS: I don't believe we	12:30:49
5 multifactorial disease?	12:28:39	5 can ever say exactly what causes ovarian	12:30:51
6 MS. CURRY: Object to the form,	12:28:40	6 cancer in any one particular patient,	12:30:52
7 asked and answered.	12:28:41	7 and I believe what I said before was	12:30:54
8 THE WITNESS: Yes, it is.	12:28:42	8 that the exact mechanisms by which	12:30:57
9 BY MS. THOMPSON:	12:28:42	9 ovarian cancer develops remain to date	12:31:03
10 Q. Well, okay. Let's say this: When	12:28:43	10 undiscovered. We just know of risk	12:31:09
11 you wrote Ms. Rausa's case-specific report, did	12:28:50	11 factors that can increase or decrease	12:31:11
12 you consider that ovarian cancer is considered a	12:28:59	12 your risk.	12:31:13
13 multifactorial disease?	12:29:02	13 Leigh, is that you that's	12:31:16
14 A. Yes, I did.	12:29:03	14 like -- I don't know, somebody's picture	12:31:17
15 Q. And I think as you testified	12:29:05	15 keeps coming in the iPad and I lose	12:31:20
16 before, an individual woman can have one or more	12:29:10	16 Margaret.	12:31:23
17 risk factors or zero risk factors, correct?	12:29:15	17 MS. THOMPSON: Like I did	12:31:23
18 A. And still develop the disease?	12:29:19	18 yesterday distracting you.	12:31:25
19 MS. CURRY: Object to the form.	12:29:22	19 THE WITNESS: You guys are	12:31:26
20 BY MS. THOMPSON:		20 trying to ghost me or something.	12:31:27
21 Q. Yes.	12:29:23	21 MS. CURRY: I think if everyone	12:31:29
22 A. Yes. And she can have risk	12:29:24	22 is on mute, then that won't happen.	12:31:30
23 reducing factors and still develop the disease.	12:29:26	23 Because as the iPad here, as soon as it	12:31:33
24 Q. Correct. And is it your opinion	12:29:30	24 hears any noise on the Zoom, it flips to	12:31:34
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1 that a woman like Ms. Rausa who has multiple risk	12:29:37	1 that person.	12:31:37
2 factors, can these risk factors be additive or	12:29:46	2 THE WITNESS: I don't know if	12:31:39
3 cumulative?	12:29:49	3 that was Leigh or Leanna. You both have	12:31:40
4 MS. CURRY: Object to the form.	12:29:50	4 similar Zoom pictures.	12:31:42
5 THE WITNESS: I don't believe	12:29:52	5 BY MS. THOMPSON:	12:31:44
6 that we have any data or literature to	12:29:52	6 Q. And going to the conclusion in	12:31:45
7 support that concept.	12:29:56	7 Ms. Rausa's expert report --	12:31:51
8 BY MS. THOMPSON:		8 A. Yes, ma'am, I'm there.	12:31:55
9 Q. And would that be similar to the	12:29:57	9 Q. Are you there, last page?	12:31:57
10 opinions that you gave in Ms. Judkins that you	12:30:02	10 A. Yes, ma'am.	12:31:57
11 either get it or you don't, it's zero or a	12:30:05	11 Q. You state: "While Ms. Rausa states	12:31:58
12 hundred percent, correct?	12:30:09	12 that she used baby powder daily from 1968 to 2018	12:32:01
13 MS. CURRY: Object to the form.	12:30:10	13 for hygiene purposes, there's no credible	12:32:05
14 THE WITNESS: Yes, ma'am.	12:30:11	14 scientific data to support the conclusion that	12:32:08
15 BY MS. THOMPSON:	12:30:11	15 talc contributed to her development of ovarian	12:32:12
16 Q. So I can refer to Ms. Judkins --	12:30:12	16 cancer."	12:32:16
17 the testimony of Ms. Judkins for your opinions in	12:30:18	17 Did I read that correctly?	12:32:17
18 that regard, correct?	12:30:20	18 A. Yes, ma'am.	12:32:18
19 A. Yes, ma'am.	12:30:22	19 Q. And is that a correct statement of	12:32:19
20 Q. I'm trying to shorten the process	12:30:25	20 your opinions regarding Ms. Rausa?	12:32:21
21 here.	12:30:26	21 A. That is my opinion.	12:32:23
22 A. I appreciate that, Ms. Thompson.	12:30:27	22 Q. And any answers to questions	12:32:33
23 Q. And as you testified before, you do	12:30:30	23 regarding that statement in Ms. Rausa's case	12:32:35
24 not know what causes ovarian cancer -- just	12:30:36	24 would be the same as they were in Ms. Judkins'	12:32:38

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1 case?	12:32:40	1 protective factors.	12:35:13
2 MS. CURRY: Object to the form.	12:32:41	2 MS. CURRY: I think you said	12:35:15
3 THE WITNESS: Yes, ma'am.	12:32:42	3 breastfeeding, but I don't know if	12:35:17
4 BY MS. THOMPSON:		4 she --	
5 Q. And you did understand that	12:32:47	5 THE WITNESS: Oh, I'm sorry.	12:35:18
6 question?	12:32:48	6 Not breastfeeding. She didn't -- yeah,	12:35:19
7 A. Yes, I did.	12:32:49	7 she didn't breastfeed. Sorry.	12:35:20
8 Q. Because I believe there might be	12:32:49	8 BY MS. THOMPSON:	12:35:23
9 some more similar to that that we can refer to.	12:32:53	9 Q. Is it your opinion that the number	12:35:26
10 And let's go to other risk factors	12:32:57	10 of lifetime ovulatory events from what we can	12:35:28
11 that Ms. Rausa may have had.	12:33:11	11 glean from her medical records would have	12:35:37
12 Did you identify any other risk	12:33:21	12 increased her risk?	12:35:39
13 factors in Ms. Rausa's case?	12:33:25	13 MS. CURRY: Object to the form,	12:35:43
14 MS. CURRY: Object to the form.	12:33:27	14 asked and answered -- or answered.	12:35:44
15 THE WITNESS: Well, her age, and	12:33:33	15 THE WITNESS: I think it's	12:35:45
16 I think that her number of ovulatory	12:33:36	16 vague. I wouldn't really put any	12:35:47
17 years is a little bit vague, because	12:33:40	17 significant emphasis on that at all,	12:35:50
18 even though she reported onset of menses	12:33:43	18 because there's places in the records	12:35:52
19 at age 11, which is a little bit young,	12:33:47	19 that say that she went through menopause	12:35:54
20 oftentimes it's cited as less than 12,	12:33:50	20 at age 48, and so that would not have	12:35:56
21 her menopause -- the age of her	12:33:53	21 been an increased number of lifetime	12:36:03
22 menopause varies in the medical records,	12:33:57	22 ovulatory years if she actually went	12:36:06
23 sometimes it says 48, sometimes it says	12:33:59	23 through menopause at 48.	12:36:09
24 56. So if it was 48, I don't actually	12:34:02	24 BY MS. THOMPSON:	12:36:10
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1 think she had an increased number of	12:34:05	1 Q. And so were there any factors that	12:36:10
2 lifetime ovulatory years if it was 48.	12:34:07	2 you ruled in as causes for Ms. Rausa's	12:36:14
3 If it was 56, then she probably did have	12:34:11	3 development of ovarian cancer?	12:36:21
4 more lifetime ovulatory years then that	12:34:15	4 MS. CURRY: Object to the form.	12:36:22
5 would have been associated with an	12:34:17	5 THE WITNESS: So I would not say	12:36:24
6 increased risk of developing ovarian	12:34:18	6 anything -- I can't say that anything in	12:36:26
7 cancer.	12:34:20	7 particular caused Ms. Rausa to get	12:36:29
8 She did not breastfeed. She	12:34:21	8 ovarian cancer. I think the only factor	12:36:32
9 only used oral contraceptives for two	12:34:24	9 that would have increased her risk of	12:36:35
10 months. She did not use hormone	12:34:27	10 developing ovarian cancer would have	12:36:41
11 replacement therapy. And she had two	12:34:30	11 been her age.	12:36:42
12 children, which -- and the first was at	12:34:33	12 BY MS. THOMPSON:	
13 age 30. So that has been associated	12:34:37	13 Q. And I suspect you had an opinion	12:36:46
14 with a decreased risk of developing	12:34:39	14 about obesity too that we can look to, or do you	12:36:49
15 ovarian cancer.	12:34:42	15 not?	12:36:54
16 And she also had a tubal	12:34:42	16 A. We can talk about it here or we can	12:36:54
17 ligation, I believe in 1988 is what I	12:34:45	17 talk about it there. It's up to you.	12:36:56
18 found in the records. And so that would	12:34:49	18 Q. Let's go on with this line of	12:37:00
19 have been attributed to leading to a	12:34:59	19 questioning, and we can look at it when we get to	12:37:02
20 decreased risk of developing ovarian	12:35:01	20 the ACOG and SGO.	12:37:04
21 cancer. However, she did develop	12:35:03	21 And you did rule out talc as a	12:37:11
22 ovarian cancer. So clearly the	12:35:06	22 potential cause, correct?	12:37:13
23 breastfeeding, the early first child,	12:35:08	23 A. That's correct.	12:37:15
24 and the tubal ligation were not	12:35:11	24 Q. And you ruled out talc as a	12:37:15

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1	contributing cause, correct?	12:37:18	1	Q. Did you calculate the number of	12:39:51
2	A. That's also correct.	12:37:19	2	lifetime applications of talcum powder by	12:39:53
3	Q. And did you rule out any other	12:37:27	3	Ms. Rausa?	12:40:00
4	potential causes in Ms. Rausa's evaluation?	12:37:28	4	A. I did not.	12:40:01
5	MS. CURRY: Object to the form.	12:37:31	5	Q. If you were to calculate the number	12:40:07
6	THE WITNESS: So again, I would	12:37:36	6	of lifetime applications, would her tubal	12:40:11
7	not use the word "cause" at all in any	12:37:37	7	ligation in 1988 enter into that calculation?	12:40:16
8	one particular patient.	12:37:39	8	A. No, it would not.	12:40:21
9	I think that we don't have any	12:37:40	9	Q. So if she used talcum powder daily	12:40:28
10	evidence that Ms. Rausa had any germline	12:37:44	10	for 50 years, I get 18,250 applications. Does	12:40:30
11	mutations that would have increased her	12:37:50	11	that sound right?	12:40:37
12	risk of developing ovarian cancer. So I	12:37:52	12	A. Did you use a calculator?	12:40:38
13	don't think she has that as a risk	12:37:56	13	Q. Yes.	12:40:40
14	factor.	12:38:00	14	A. Then I will believe you.	12:40:41
15	BY MS. THOMPSON:	12:38:00	15	Q. You're a smart woman.	12:40:44
16	Q. And would your answer be the same	12:38:01	16	And let's go back to the materials	12:40:55
17	for any contributing -- any contributing causes?	12:38:04	17	you considered in Ms. Rausa's case, which are	12:40:56
18	A. Again, I wouldn't use the word	12:38:08	18	similar to those in Ms. Judkins' case, would you	12:41:06
19	"cause" at all. I don't think that there's any	12:38:10	19	agree?	12:41:09
20	evidence that she's carrying a germline mutation	12:38:13	20	MS. CURRY: Object to the form.	12:41:09
21	that would have placed her at an increased risk	12:38:16	21	THE WITNESS: Well, I mean the	12:41:10
22	of developing ovarian cancer.	12:38:19	22	depo -- the -- what do you mean by the	12:41:12
23	Q. And I believe you state in your	12:38:20	23	categories?	12:41:15
24	Rausa report that she denies any specific cancer	12:38:27	24	BY MS. THOMPSON:	12:41:15
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1	family history. Is that your understanding?	12:38:32	1	Q. Yeah, by the categories:	12:41:16
2	A. Yes, correct.	12:38:34	2	Depositions, expert reports and medical records.	12:41:19
3	Q. And Ms. Rausa, from your review of	12:38:53	3	A. By the category, yes.	12:41:20
4	deposition testimony, began using Johnson's baby	12:38:56	4	Q. And Ms. Rausa --	12:41:22
5	powder in 1968 at age 13, correct?	12:38:59	5	A. Sorry, by the categories, yes.	12:41:25
6	A. That's correct.	12:39:02	6	Q. Okay. And Ms. Rausa did have	12:41:27
7	Q. And she used it at least daily all	12:39:04	7	extensive medical records, would you agree?	12:41:29
8	over her body and including the genital area,	12:39:07	8	MS. CURRY: Object to the form.	12:41:32
9	correct?		9	THE WITNESS: Yes.	12:41:34
10	A. That's what she reports.	12:39:11	10	BY MS. THOMPSON:	12:41:35
11	Q. And she also reports that over the	12:39:14	11	Q. I would guess thousands of pages,	12:41:39
12	50 years -- and she discontinued its usage in	12:39:16	12	correct?	
13	2018, correct?	12:39:22	13	A. Fortunately, I reviewed many of	12:41:43
14	A. I believe that's correct.	12:39:23	14	these prior in 2022, so this go-around was less	12:41:45
15	Q. And that was the time that she was	12:39:25	15	voluminous, but there were a lot of records, yes.	12:41:51
16	diagnosed with ovarian cancer, correct?	12:39:28	16	Q. And I'm going to ask the same	12:42:05
17	A. I mean, I don't know that they were	12:39:31	17	questions that I asked for Ms. Judkins, okay?	12:42:06
18	the same day, but same year, yes.	12:39:32	18	A. Of course.	12:42:08
19	Q. Approximately.	12:39:35	19	Q. So can you envision any case in	12:42:10
20	And do you recall that she, over	12:39:36	20	this litigation, including Ms. Rausa's, in which	12:42:15
21	that 50 years, used two bottles of Shower to	12:39:40	21	you would determine that a plaintiff's talcum	12:42:18
22	Shower?		22	powder use could possibly have contributed to the	12:42:22
23	A. I don't recall that specifically,	12:39:46	23	development of her ovarian cancer?	12:42:24
24	but I will take you at face value.	12:39:47	24	MS. CURRY: Objection. Asked	12:42:26

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1	and answered. 12:42:28	1	Q. Yes, for her as an individual. 12:44:49
2	THE WITNESS: Not based on the 12:42:29	2	A. So the literature on obesity has 12:44:52
3	current state of the science. 12:42:30	3	demonstrated a weak overall association with the 12:44:56
4	BY MS. THOMPSON:	4	development of ovarian cancer in the range of 1.3 12:45:00
5	Q. And you would agree that Ms. Rausa 12:42:33	5	to 1.4, but for the non-serous histologies only. 12:45:05
6	was a frequent user at daily use? 12:42:38	6	So since Ms. Rausa had a high grade 12:45:12
7	A. I mean, I know -- 12:42:44	7	serous carcinoma, I don't believe that obesity 12:45:17
8	MS. CURRY: Object to the form. 12:42:46	8	has been shown to be associated with that 12:45:22
9	Sorry.	9	particular histology. 12:45:25
10	THE WITNESS: I know how many 12:42:47	10	Q. And would you agree that the 12:45:27
11	years she used for, and I know that she 12:42:48	11	literature on obesity is mixed? 12:45:35
12	said she used daily, so -- and your 12:42:51	12	MS. CURRY: Object to the form. 12:45:40
13	tabulations bring her in around 18,000 12:42:54	13	THE WITNESS: Can you define for 12:45:41
14	applications total. 12:42:57	14	me what you mean by "mixed"? 12:45:42
15	BY MS. THOMPSON: 12:42:58	15	BY MS. THOMPSON:
16	Q. And do you agree that she used 12:42:58	16	Q. Well, one would be difference in 12:45:45
17	talcum powder daily in the genital area in her 12:43:02	17	subtypes, correct? 12:45:53
18	20s and 30s when O'Brien and colleagues would 12:43:06	18	A. That's correct. Not all subtypes 12:45:54
19	have stated -- or did state it was a critical 12:43:12	19	seem to have an increased risk with obesity, that 12:45:56
20	time for use? 12:43:14	20	is correct. 12:46:03
21	MS. CURRY: Object to the form. 12:43:14	21	Q. And I believe you referred to the 12:46:03
22	THE WITNESS: That's what that 12:43:15	22	Olson paper in Ms. Rausa's report, correct? 12:46:09
23	paper said, and her records show that 12:43:16	23	MS. CURRY: Object to the form. 12:46:11
24	she started using in that age range -- 12:43:19	24	THE WITNESS: I don't know that 12:46:12
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1	actually, younger, right? 12:43:22	1	I did that. I might have done that in 12:46:12
2	BY MS. THOMPSON:	2	my general report. 12:46:15
3	Q. And if you cannot envision a case 12:43:26	3	BY MS. THOMPSON: 12:46:16
4	in which you would have reviewed medical records, 12:43:40	4	Q. I thought it was on your reliance 12:46:16
5	deposition testimony, and expert reports that you 12:43:45	5	list, but I could be wrong, so -- 12:46:19
6	would have concluded that the talcum powder use 12:43:48	6	A. I don't see that in here. 12:46:25
7	contributed to a plaintiff like Ms. Rausa's 12:43:50	7	MS. CURRY: Object to the form. 12:46:26
8	ovarian cancer, why did you review all of the 12:43:55	8	There's no literature on the Rausa -- 12:46:27
9	documents, if your mind was already made up? 12:44:01	9	MS. THOMPSON: Okay. I think I 12:46:30
10	MS. CURRY: Object to the form. 12:44:05	10	may be confused with Newsome. We'll get 12:46:31
11	THE WITNESS: So I was asked to 12:44:07	11	to that if we need to with Newsome. 12:46:34
12	review Ms. Rausa's medical history and 12:44:09	12	BY MS. THOMPSON:
13	her records and depositions in order to 12:44:12	13	Q. And looking at the ACOG risk factor 12:46:39
14	get a good and thorough understanding of 12:44:16	14	list, if we can go to Exhibit No. 10. 12:46:52
15	her disease process, and perhaps any 12:44:20	15	A. Sure. Just give me a second. 12:46:55
16	risk factors for the development of 12:44:27	16	Okay, I have it, Margaret. 12:47:05
17	disease that she did have, and in order 12:44:28	17	Q. And other than age that we've 12:47:07
18	to give those opinions, I needed to 12:44:30	18	discussed, is there any other risk factors on the 12:47:10
19	review all of those materials. 12:44:32	19	ACOG list that you believe are relevant to 12:47:15
20	BY MS. THOMPSON:	20	Ms. Rausa? 12:47:21
21	Q. Do you consider Ms. Rausa's obesity 12:44:38	21	A. I do not believe so. 12:47:22
22	a risk factor for the development of her ovarian 12:44:40	22	Q. Let's go ahead and look at the SGO 12:47:25
23	cancer? 12:44:43	23	risk factor list. Are there any risk factors on 12:47:31
24	A. For her as an individual? 12:44:43	24	the SGO risk factor list that you believe are 12:47:43

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1 relevant for Ms. Rausa?	12:47:45	1 would say it is. But my analysis is based on 12:51:37
2 A. So I mean -- sorry, we're on SGO.	12:47:47	2 looking at the actual studies and the individual 12:51:40
3 SGO does list obesity, but for part of the reason 12:47:56		3 histotypes and whether or not they show an 12:51:44
4 that I explained to you before, I don't think 12:47:59		4 increased risk with obesity, and I do not believe 12:51:49
5 that necessarily pertains to Ms. Rausa because of 12:48:02		5 they do for high grade serous, not consistently. 12:51:51
6 her histology. And so -- yeah.	12:48:05	6 Q. And you agree that SGO does not 12:51:54
7 And then we also mentioned before 12:48:11		7 list age as a risk factor, correct? 12:51:58
8 that she had a tubal ligation, but obviously it 12:48:16		8 A. Actually, they do. It's -- 12:52:01
9 didn't confer any protective risk because it's 12:48:20		9 Q. Am I missing it? 12:52:15
10 that zero/100, I mean she got the disease. 12:48:24		10 A. Yeah, I think you just missed it, 12:52:16
11 Q. Understood. And she had full panel 12:48:27		11 Margaret. It's four dots or five dots from the 12:52:19
12 testing, correct? 12:48:34		12 bottom: "Women are at an increased risk for 12:52:22
13 MS. CURRY: Object to the form. 12:48:35		13 ovarian cancer as they age." 12:52:25
14 THE WITNESS: Her -- 12:48:36		14 Q. You are correct. 12:52:26
15 BY MS. THOMPSON: 12:48:39		15 And of the four conditions that you 12:52:56
16 Q. I believe she had genetic testing 12:48:40		16 do describe a positive association but do not 12:53:03
17 with -- I don't want to get her confused either. 12:48:42		17 attribute a causal role, those being incessant 12:53:11
18 I don't see it in either of our 12:49:26		18 ovulation, germline mutations, incessant 12:53:14
19 materials. 12:49:28		19 ovulation, hormone replacement, without going 12:53:16
20 Okay, we got it. 12:50:02		20 through each of those individually, is it your 12:53:19
21 In your report, Dr. Saenz, in the 12:50:03		21 opinion that Ms. Rausa has any of those risk 12:53:22
22 section regarding clinical cancer genetics -- 12:50:10		22 factors? 12:53:33
23 Do you see that?		23 A. I'm sorry, Margaret, where are we? 12:53:33
24 A. Yes, ma'am, I'm there. 12:50:15		24 Q. It may be that you did not include 12:54:03
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1 Q. She was found to be negative for 12:50:17		1 those in Ms. Rausa's report. 12:54:05
2 germline mutation in 45 of the 46 genes tested, 12:50:20		2 Could I assume that any answer to 12:54:08
3 but had a variant of uncertain significance in 12:50:25		3 those questions about the associations that were 12:54:11
4 the FH gene. 12:50:28		4 not causal would be the same as in Ms. Judkins' 12:54:14
5 Is the FH gene associated with 12:50:31		5 case? 12:54:17
6 ovarian cancer risk? 12:50:35		6 MS. CURRY: Object to the form. 12:54:17
7 A. Not that I'm aware of. 12:50:36		7 THE WITNESS: Can you -- can we 12:54:18
8 Q. And so let's go back now to the SGO 12:50:41		8 take them one at a time, please, so I 12:54:19
9 list of risk factors. 12:50:46		9 can just make sure I understand what I'm 12:54:21
10 Did Ms. Rausa use hormone 12:50:50		10 answering? 12:54:23
11 replacement? 12:50:54		11 BY MS. THOMPSON: 12:54:24
12 A. No. 12:50:55		12 Q. Yeah, we sure can. 12:54:24
13 Q. So the question as to whether it 12:51:00		13 These were positive associations 12:54:26
14 was opposed or unopposed is irrelevant in 12:51:02		14 that do not have a causal role, and it was 12:54:29
15 Ms. Rausa's case, correct? 12:51:05		15 incessant ovulation. 12:54:35
16 A. She didn't use it. 12:51:07		16 A. I, again, would not use the word 12:54:39
17 Q. Yeah. Did she have any evidence of 12:51:08		17 "causal" at all in any one individual patient. 12:54:42
18 endometriosis? 12:51:11		18 And I don't think that Ms. Rausa 12:54:45
19 A. Not that I'm aware of. 12:51:11		19 had incessant ovulation for the reasons that we 12:54:49
20 Q. So similar to the ACOG list, would 12:51:19		20 talked about before, which included the fact that 12:54:52
21 you agree that using SGO's list, she did not have 12:51:23		21 she had two children, the first being at age 30. 12:54:55
22 any risk factors other than age? 12:51:28		22 Q. And she does not have germline 12:55:03
23 A. I mean, I would not consider 12:51:32		23 mutations. 12:55:05
24 obesity a risk in her. I don't know what SGO 12:51:34		24 A. Well, she had -- 12:55:06

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1	MS. CURRY: Object to the form.	12:55:07	1	talc particles were identified in an anatomic
2	THE WITNESS: She --	12:55:08	2	site where there was not ovarian cancer, that the
3	BY MS. THOMPSON:		3	findings are not relevant?
4	Q. That had been found to be	12:55:09	4	MS. CURRY: Object to the form.
5	associated with ovarian cancer. Sorry.	12:55:11	5	THE WITNESS: It's my opinion
6	A. Right. So she -- she had no	12:55:12	6	that the talc being found in anatomic
7	germline mutations in 45 genes. She has one	12:55:14	7	sites that did not actually have cancer
8	germline mutation that's a VUS that we don't	12:55:17	8	in them, that they are not related to
9	think is associated with an increased risk of	12:55:20	9	the development of the cancer.
10	ovarian cancer.	12:55:24	10	BY MS. THOMPSON:
11	Q. And incessant ovulation we are not	12:55:27	11	Q. And you did not review any of the
12	attributing to Ms. Rausa.	12:55:35	12	six peer-reviewed articles published by
13	MS. CURRY: Objection. Asked	12:55:36	13	Dr. Godleski and his group as to what the
14	and answered.	12:55:38	14	significance is of finding talc particles in
15	THE WITNESS: We just covered	12:55:38	15	structures even that are not in the ovarian
16	that before we did germline mutation.	12:55:39	16	cancer cells?
17	BY MS. THOMPSON:		17	MS. CURRY: Objection. Asked
18	Q. We did. I was just kind of going	12:55:41	18	and answered.
19	through the list that you provided.	12:55:43	19	THE WITNESS: That actually
20	And hormone replacement, we've also	12:55:45	20	misstates my prior testimony. If we
21	established that she did not use any hormone	12:55:49	21	go --
22	replacement; is that correct?	12:55:53	22	BY MS. THOMPSON:
23	A. That's correct.	12:55:54	23	Q. Okay. Then let's get it correct
24	Q. Okay. Let's go to Dr. Godleski's	12:56:08	24	for Ms. Rausa's case.
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1	report on Ms. Rausa.	12:56:11	1	A. If we go back to what I said when
2	A. I have it.	12:56:20	2	you asked me this question about Ms. Judkins, you
3	Q. Okay. And what is your -- and you	12:56:30	3	asked me to look at this list, which I believe is
4	reviewed Dr. Godleski's report, correct?	12:56:32	4	the same list of references, and I've actually --
5	A. Yes, ma'am.	12:56:35	5	Q. It is.
6	Q. And you also reviewed the comments	12:56:39	6	A. -- I've actually read a couple of
7	in Dr. Clarke-Pearson's report regarding	12:56:46	7	these articles.
8	Dr. Godleski's report, correct?	12:56:52	8	Q. Okay. Yes, you did say you had
9	A. Yes, ma'am.	12:56:52	9	read a couple of them. So thank you for
10	Q. And can you tell me the takeaway	12:56:54	10	clarifying that.
11	message for you from reviewing Dr. Godleski's	12:57:03	11	A. Of course.
12	report on the pathology of Ms. Rausa?	12:57:06	12	Q. Did any of those articles that you
13	MS. CURRY: Object to the form.	12:57:09	13	did read clarify the significance of finding talc
14	THE WITNESS: So my reading of	12:57:16	14	or asbestos fibers or particles in anatomic
15	Dr. Godleski's report has led me to	12:57:18	15	structures that do not contain a tumor?
16	conclude that Dr. Godleski found two	12:57:21	16	MS. CURRY: Object to the form.
17	particles that he thought likely	12:57:26	17	THE WITNESS: No.
18	represented talc. One in Ms. Rausa's	12:57:28	18	BY MS. THOMPSON:
19	left external iliac lymph node, and one	12:57:32	19	Q. And you do agree that Dr. Godleski
20	in a left periaortic lymph node.	12:57:36	20	did look at the histology of Ms. Rausa's tumor,
21	Neither of those organs actually had	12:57:40	21	correct?
22	cancer in them.	12:57:42	22	A. Yes.
23	BY MS. THOMPSON:		23	Q. And he looked at the histology with
24	Q. Is it your opinion that because the	12:57:46	24	light microscopy, correct?

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1 A. Yes, that's what he -- that's what 13:00:07 2 he explains in his report. 13:00:09	1 and the three footnotes are all transcripts of 13:03:05 2 Daniel Clarke-Pearson? 13:03:09
3 Q. And do you agree that he also used 13:00:10 4 polarizing light microscopy to identify the 13:00:15 5 birefringent particles? 13:00:21	3 A. Yes, ma'am. 13:03:11 4 Q. And you say that: "Additionally, 13:03:12 5 problematic are Dr. Clarke-Pearson's opinions 13:03:14 6 where he cites Godleski's report to support his 13:03:18 7 contention that the perineal application of talc 13:03:23 8 caused Ms. Rausa to develop ovarian cancer." 13:03:26
6 A. That's what he said. 13:00:21	9 Would you agree that he is in his 13:03:31
7 Q. And then he proceeded following the 13:00:23 8 areas that contain the most birefringent 13:00:29 9 particles, he then performed SEM and EDS on those 13:00:33 10 locations, correct? 13:00:39	10 report just stating what Dr. Godleski's 13:03:37 11 conclusions were? 13:03:40
11 A. That's correct. That's what he 13:00:41 12 reported. 13:00:42	12 That was a bad question. Let's try 13:03:47
13 Q. And his conclusion -- going to 13:00:52 14 page 5 of his report, is: "Therefore, based on 13:00:53 15 the findings of this case, it can be stated to a 13:01:00 16 reasonable degree of medical certainty that the 13:01:03 17 talc found in this case is contributory evidence 13:01:06 18 for a causal link between the presence of talc 13:01:10 19 and" -- mine cut off, but I'm assuming that's 13:01:14 20 ovarian cancer or Ms. Rausa's -- can you read the 13:01:21 21 part that starts with "and." 13:01:24	13 that again. At least I'm honest. 13:03:49
22 A. "... and the development of this 13:01:26 23 patient's ovarian cancer." That's what he wrote. 13:01:28	14 A. When I need to give it a beat, I'm 13:03:52 15 like wait, what? 13:03:55
24 Q. Thank you. I was missing a page 13:01:32	16 Q. Well, I usually know before you do. 13:03:57 17 So, with Dr. Clarke-Pearson -- 13:04:00
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1 there. 13:01:36	1 Is that better? 13:04:45
2 And you also read Dr. 13:01:36	2 A. I think that's better. 13:04:46
3 Clarke-Pearson's report, correct? 13:01:41	3 Q. Okay. 13:04:49
4 A. Can I just say, ma'am, but I 13:01:43	4 A. Because he is essentially 13:04:50
5 disagree with that statement by Dr. Godleski. 13:01:45	5 interpreting the findings from Dr. Godleski's 13:04:53
6 Q. Okay. And what is the basis for 13:01:49 7 your disagreement? 13:01:52	6 report as being supportive of his report. Yes. 13:04:57
8 A. I don't believe that the talc being 13:01:54 9 found in other anatomy has anything to do with 13:01:59	7 Q. Okay. So that's an interpretation 13:05:04
10 the fact that Ms. Rausa developed ovarian cancer. 13:02:03 11 In particular, because the talc was not found in 13:02:08 12 anatomy where the cancer was. But also all of 13:02:15	8 that Dr. Godleski is giving the same opinion in 13:05:07
13 the other general opinions that I have put forth 13:02:19 14 today and yesterday, that I don't actually 13:02:22	9 his conclusions, correct? 13:05:09
15 believe that there's -- the weight of the 13:02:27 16 evidence would say that the perineal application 13:02:30	10 A. I think Dr. Clarke-Pearson is 13:05:10
17 of talc leads to an increased risk of developing 13:02:34 18 ovarian cancer. 13:02:36	11 claiming that Dr. Godleski's findings support his 13:05:14 12 opinion, correct. 13:05:18
19 Q. Right. And I just want to clarify 13:02:37 20 that you are not criticizing Dr. Godleski's 13:02:40 21 methodology or technique. 13:02:46	13 Q. And do you know Dr. Clarke-Pearson? 13:05:28
22 A. Not at all. 13:02:47	14 A. Yes, I do. 13:05:29
23 Q. And going to your report, in the 13:02:54 24 summary, the page after where the summary begins, 13:02:56	15 Q. And is he a well-regarded GYN 13:05:34 16 oncologist? 13:05:40 17 MS. CURRY: Object to the form. 13:05:40 18 THE WITNESS: Yes, he is. 13:05:41 19 BY MS. THOMPSON: 13:05:42 20 Q. And you know that he has recently 13:05:42 21 retired as chair of the University of North 13:05:44 22 Carolina Chapel Hill Department of Gynecology and 13:05:53 23 Obstetrics, correct? 13:05:55 24 A. I read in his report that he's now 13:05:57

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1	retired. 13:05:59	1	A. Every single article. 13:08:11
2	Q. And previously he was division head 13:06:00	2	Q. And do you think that means that 13:08:13
3	at Duke in gynecologic oncology, correct? 13:06:03	3	you had a more rigorous approach to review of the 13:08:16
4	A. I believe that he was -- at Duke 13:06:09	4	literature? 13:08:22
5	or -- I don't actually know which institution 13:06:10	5	MS. CURRY: Object to the form. 13:08:22
6	because he's been at various institutions. 13:06:13	6	THE WITNESS: Yes, I do. 13:08:23
7	Q. Okay. I think he's been at Duke 13:06:16	7	BY MS. THOMPSON:
8	and UNC, so the two that are close. 13:06:18	8	Q. And we've already identified a 13:08:27
9	And he's a former SGO president, 13:06:23	9	number of articles that were not on your reliance 13:08:29
10	correct?	10	list, particularly as related to asbestos, that 13:08:31
11	A. That's correct. 13:06:26	11	Dr. Clarke-Pearson did review. 13:08:35
12	Q. Are you aware that he participated 13:06:27	12	So I'm asking again, what is your 13:08:38
13	on the clinical review committee at ACOG for 13:06:31	13	evidence that Dr. Clarke-Pearson had a less 13:08:40
14	several years? 13:06:36	14	rigorous approach than you, other than articles 13:08:44
15	MS. CURRY: Object to the form. 13:06:37	15	that he deemed -- and I'm not going to compare -- 13:08:47
16	THE WITNESS: I don't think I'm 13:06:39	16	that he deemed not important when addressing the 13:08:52
17	aware of that. 13:06:39	17	question? 13:08:56
18	BY MS. THOMPSON:	18	MS. CURRY: Objection. 13:08:57
19	Q. And you agree that Dr. 13:06:43	19	Misstates prior testimony, and also 13:08:58
20	Clarke-Pearson reaches a different conclusion in 13:06:53	20	asked and answered. 13:09:00
21	Ms. Rausa's case than you did, correct? 13:06:55	21	THE WITNESS: So Dr. 13:09:02
22	A. I am aware of that. 13:06:58	22	Clarke-Pearson refers to his review of 13:09:06
23	Q. Would you also consider Dr. Clarke- 13:07:06	23	the literature that at times he did not 13:09:08
24	Pearson's science unfounded? 13:07:07	24	read articles in their entirety. And I 13:09:12
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1	MS. CURRY: Object to the form. 13:07:09	1	think that's not rigorous. I think that 13:09:15
2	THE WITNESS: I think Dr. 13:07:10	2	you should not just read an abstract and 13:09:18
3	Clarke-Pearson has come to the wrong 13:07:12	3	draw conclusions from that. I think you 13:09:21
4	conclusion based on his reading of the 13:07:14	4	have to read the articles cover to 13:09:23
5	literature. I think that had he read 13:07:18	5	cover. 13:09:26
6	all of the literature in the same depth, 13:07:21	6	BY MS. THOMPSON:
7	his analysis would have been more 13:07:24	7	Q. Did Dr. Clarke-Pearson read every 13:09:27
8	aligned with mine, his analysis and 13:07:27	8	case-control study cover to cover? 13:09:30
9	conclusions, and I don't think that he's 13:07:30	9	A. I don't know. 13:09:33
10	interpreted the literature correctly. 13:07:35	10	Q. Did Dr. Clarke-Pearson read every 13:09:35
11	BY MS. THOMPSON: 13:07:37	11	cohort study cover to cover? 13:09:37
12	Q. Do you have any reason to believe 13:07:38	12	A. I don't -- 13:09:39
13	that Dr. Clarke-Pearson read the literature in 13:07:39	13	MS. CURRY: Object to the form. 13:09:39
14	any less rigorous fashion than you did -- 13:07:47	14	THE WITNESS: I don't know. He 13:09:40
15	MS. CURRY: Object to the form.	15	did not specify in his testimony which 13:09:41
16	BY MS. THOMPSON:	16	articles he read just abstracts and 13:09:45
17	Q. -- other than he came to a 13:07:53	17	which ones he did not. He just simply 13:09:49
18	different conclusion? 13:07:54	18	testified that he did not read every 13:09:51
19	A. Yes, I believe that he testified in 13:07:55	19	article in its entirety. 13:09:53
20	deposition testimony that he did not read every 13:07:57	20	BY MS. THOMPSON:
21	paper cover to cover. Sometimes he just read the 13:07:59	21	Q. So the article that he may have 13:09:55
22	abstracts. 13:08:03	22	been referring to could have been related to 13:09:57
23	Q. Well, did you read cover to cover 13:08:07	23	cervical cancer or something that was not 13:10:04
24	every article on your reliance list? 13:08:09	24	relevant for this discussion, right? 13:10:07

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1	A. I don't think --		
2	MS. CURRY: Object to the form, 13:10:09		1 more articles now about in vivo and in vitro 13:12:01
3	calls for speculation. 13:10:11		2 studies as well as more epidemiologic literature 13:12:06
4	THE WITNESS: I don't think 13:10:11		3 that has been published since I was originally 13:12:11
5	that's at all accurate, ma'am, because 13:10:12		4 deposed. 13:12:14
6	it was in deposition for these cases 13:10:14		5 BY MS. THOMPSON:
7	with reference to the perineal 13:10:18		6 Q. And we can look at your earliest 13:12:16
8	application of talc in the development 13:10:22		7 report and see how many articles that you read 13:12:18
9	of ovarian cancer. 13:10:22		8 prior to making your conclusions in this case, 13:12:23
10	BY MS. THOMPSON: 13:10:25		9 but I don't have that with me. 13:12:26
11	Q. But you had no knowledge of what 13:10:26		10 So Dr. Clarke-Pearson's opinions 13:12:29
12	articles -- which articles Dr. Clarke-Pearson 13:10:27		11 are wrong. 13:12:34
13	reviewed cover to cover and which he may have 13:10:33		12 A. I think Dr. Clarke-Pearson has come 13:12:35
14	thought the abstract would not inform his 13:10:35		13 to the wrong conclusion, yes. 13:12:37
15	opinions, correct? 13:10:40		14 Q. And you did not look at Dr. Longo's 13:12:50
16	MS. CURRY: Object to the form. 13:10:42		15 report in Ms. Rausa's case that estimates her 13:12:52
17	THE WITNESS: I don't think 13:10:42		16 exposure to asbestos based on Johnson & Johnson's 13:12:58
18	that's entirely true, because he was 13:10:43		17 criteria, correct? 13:13:04
19	asked in deposition testimony about his 13:10:45		18 MS. CURRY: Object to the form. 13:13:06
20	reliance list specifically. And those 13:10:49		19 THE WITNESS: So I don't know 13:13:07
21	articles would have pertained to this 13:10:52		20 what "Johnson & Johnson's criteria" 13:13:08
22	case. They would not have been, as you 13:10:54		21 means. But I also -- I mean, it's kind 13:13:13
23	alluded to, something about cervical 13:10:55		22 of a compound question, but I'm happy to 13:13:19
24	cancer. And he said in -- 13:10:59		23 answer it in two parts. 13:13:21
			24 But to answer the first part of 13:13:22
	Page 494		Page 496
1	BY MS. THOMPSON:		
2	Q. So -- 13:11:01		1 your question, no, I did not review 13:13:24
3	A. Ma'am. He said -- 13:11:02		2 Dr. Longo's report with respect to 13:13:26
4	Q. Well, I'm -- 13:11:02		3 Ms. Rausa. 13:13:28
5	A. He said in deposition testimony 13:11:05		4 BY MS. THOMPSON: 13:13:28
6	that he did not read every article cover to 13:11:06		5 Q. And so you would not know what he 13:13:28
7	cover, and that was specifically with respect to 13:11:09		6 based his calculations on, correct? 13:13:33
8	his reliance list. 13:11:13		7 MS. CURRY: Object to the form. 13:13:41
9	Q. Okay. Well, we will be able to ask 13:11:15		8 THE WITNESS: I did not review 13:13:42
10	Dr. Clarke-Pearson at trial as to which articles 13:11:18		9 Dr. Longo's report for Ms. Rausa. 13:13:44
11	he read cover to cover and compare the articles 13:11:23		10 BY MS. THOMPSON: 13:13:46
12	in both of your reliance lists. 13:11:29		11 Q. Did you review the description of 13:13:46
13	You will agree that your reliance 13:11:34		12 Dr. Longo's report from Dr. Clarke-Pearson's 13:13:48
14	list has increased dramatically since you first 13:11:36		13 expert report on Ms. Rausa? 13:13:52
15	testified in this case, correct? 13:11:39		14 A. I don't recall the specifics of 13:13:53
16	MS. CURRY: Object to the form. 13:11:42		15 that. 13:13:56
17	THE WITNESS: It has increased 13:11:43		16 Q. And you did not consider any impact 13:14:15
18	dramatically? 13:11:45		17 of -- let me start over. Hold on. 13:14:23
19	BY MS. THOMPSON: 13:11:46		18 And in regard to Ms. Rausa's 13:14:31
20	Q. Yes. 13:11:46		19 opinion that talc did not contribute to her 13:14:34
21	A. I don't really have a flare for 13:11:47		20 development of ovarian cancer, the presence or 13:14:40
22	drama, so I don't know what you're referring to. 13:11:49		21 lack of presence of asbestos was not a 13:14:43
23	I have more articles on there since 13:11:52		22 consideration. Is that fair? 13:14:46
24	I testified in 2019 partly because I've included 13:11:54		23 MS. CURRY: Object to the form. 13:14:49
			24 THE WITNESS: So you started off 13:14:49

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1	saying I did not consider Ms. Rausa's	13:14:51	1	will be 40. 14:00:25
2	opinion. So you might want to rephrase	13:14:53	2	(Exhibit No. 40 was marked for 14:00:27
3	that. 13:14:56		3	identification.) 14:03:25
4	BY MS. THOMPSON:		4	BY MS. THOMPSON: 14:03:25
5	Q. Oh, I thought I started a new	13:14:56	5	Q. All right. Let's turn to 14:03:27
6	question. Let's try again from the beginning.	13:14:58	6	Ms. Newsome's case, Tamara Newsome, and I think 14:03:33
7	In formulating your opinion that	13:15:08	7	we've just marked your report as Exhibit 40. 14:03:39
8	talcum powder did not contribute to the	13:15:12	8	And you will agree that Ms. Newsome 14:03:43
9	development of Ms. Rausa's ovarian cancer, did	13:15:15	9	was diagnosed with stage 2 endometrioid cancer, 14:03:52
10	you consider at all whether there is or is not	13:15:18	10	correct?
11	asbestos in the talcum powder that she used?	13:15:29	11	A. Yes, correct. 14:04:06
12	MS. CURRY: Object to the form.	13:15:32	12	Q. And that was on March 23rd of 2015? 14:04:07
13	THE WITNESS: So my opinion is	13:15:33	13	A. That's when she had surgery, 14:04:10
14	that the constituents of the baby powder	13:15:38	14	correct. 14:04:12
15	are irrelevant to my opinion, whether	13:15:40	15	Q. Yeah, the definitive diagnosis. 14:04:12
16	they be asbestos or something else,	13:15:43	16	And she was 53 at that time, correct? 14:04:17
17	because the talcum powder literature	13:15:47	17	A. Yes, I believe that's correct. 14:04:19
18	that has been published to date does not	13:15:49	18	Q. And Ms. Newsome is African 14:04:24
19	show an increased risk of developing	13:15:54	19	American. Is that your understanding? 14:04:29
20	ovarian cancer with the perineal	13:15:57	20	A. I don't know that I actually saw 14:04:30
21	application. And the in vivo and in	13:15:59	21	that documented in the records, but I think I saw 14:04:32
22	vitro studies also do not support the	13:16:04	22	that someplace else. I don't recall where I saw 14:04:35
23	development of ovarian cancer from the	13:16:06	23	that from. 14:04:37
24	application of talc.	13:16:07	24	Q. Okay. So similar to the other 14:04:39
		Page 498	Page 500	
1	So the concept that there may be	13:16:09	1	cases that we've discussed today, could you 14:04:44
2	asbestos in the baby powder is not	13:16:14	2	describe the methodology that you used in 14:04:46
3	integral to my opinion.	13:16:19	3	formulating your opinions regarding Ms. Newsome 14:04:49
4	MS. THOMPSON: I believe that's	13:16:23	4	and the potential contribution of her talcum 14:04:54
5	all I have on Ms. Rausa. Is this a good	13:16:26	5	powder use to the development of ovarian cancer? 14:05:00
6	time for a lunch break?	13:16:31	6	A. So as I've already described for 14:05:03
7	MS. CURRY: Yes.	13:16:33	7	Ms. Judkins and Ms. Rausa, I reviewed all the 14:05:07
8	THE REPORTER: Yes.	13:16:34	8	literature that we previously discussed for my 14:05:11
9	THE WITNESS: So when we come	13:16:36	9	general causation report. 14:05:13
10	back, we'll just do Ms. Newsome,	13:16:37	10	I also reviewed the expert reports 14:05:15
11	Margaret?	13:16:42	11	of Dr. Clarke-Pearson, Dr. Godleski, Dr. Teri 14:05:16
12	MS. THOMPSON: Is there	13:16:42	12	Longacre, and the two amended reports of 14:05:23
13	something else you want to do?	13:16:43	13	Dr. Clarke-Pearson from November of 2023, and 14:05:29
14	MS. CURRY: No.		14	then more recently May of 2024. 14:05:32
15	MS. THOMPSON: I'm sure you	13:16:44	15	I reviewed the deposition 14:05:37
16	could come up with something.	13:16:46	16	transcripts pertaining to Ms. Newsome's case, 14:05:39
17	THE WITNESS: Thank you.	13:16:47	17	along with medical records that were provided to 14:05:44
18	(Lunch recess.)		18	me. 14:05:47
19	MS. THOMPSON: Leslie, could you		19	Q. And I believe as you testified 14:05:49
20	pull Dr. Saenz's expert report for		20	before, you thought it was important to have a 14:05:51
21	Newsome.		21	thorough understanding of Ms. Newsome's medical 14:05:56
22	THE REPORTER: Just a moment,		22	history, other risk factors, and her care and 14:06:04
23	please.	14:00:24	23	treatment. Is that a fair summary? 14:06:10
24	MS. CURRY: So the expert report	14:00:24	24	A. Yes.

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1 Q. And as you said before, you cannot 14:06:15		1 not predict whether or not an individual 14:08:39	
2 envision a case where your conclusion would be 14:06:21		2 woman will actually develop ovarian 14:08:44	
3 something other than talcum powder use did not 14:06:26		3 cancer. 14:08:47	
4 contribute to the development of ovarian cancer. 14:06:30		4 BY MS. THOMPSON: 14:08:47	
5 Is that fair?		5 Q. And you don't know what causes 14:08:49	
6 MS. CURRY: Object to the form. 14:06:34		6 ovarian cancer in an individual woman such as 14:08:51	
7 THE WITNESS: I -- I think that 14:06:35		7 Ms. Newsome? 14:08:59	
8 question is a bit confusing because I 14:06:40		8 MS. CURRY: Objection. Asked 14:08:59	
9 think you said that I can't envision 14:06:44		9 and answered. 14:09:00	
10 something other than talcum powder. 14:06:46		10 THE WITNESS: I would never 14:09:00	
11 BY MS. THOMPSON: 14:06:47		11 define a cause of an individual woman's 14:09:02	
12 Q. Let's do that one over and use your 14:06:47		12 ovarian cancer, that is correct. 14:09:05	
13 actual words. In Ms. Newsome's case, it's your 14:06:49		13 BY MS. THOMPSON: 14:09:13	
14 opinion that there's no credible scientific data 14:06:56		14 Q. And in addition to not being able 14:09:27	
15 to support the conclusion that the talc 14:06:59		15 to determine a cause of an individual's ovarian 14:09:34	
16 contributed to her development of ovarian cancer. 14:07:02		16 cancer, is it also your opinion that you could 14:09:39	
17 Can you envision a case that you 14:07:07		17 not identify a contributor to an individual 14:09:41	
18 would conclude something different? 14:07:12		18 woman's ovarian cancer like Ms. Newsome? 14:09:47	
19 MS. CURRY: Object to the form. 14:07:14		19 MS. CURRY: Object to the form. 14:09:50	
20 THE WITNESS: Not based on the 14:07:20		20 BY MS. THOMPSON:	
21 current state of the science. 14:07:22		21 Q. Let's say -- let's say a 14:09:54	
22 BY MS. THOMPSON:		22 contributing cause. 14:09:57	
23 Q. So consistent with all three, I 14:07:24		23 MS. CURRY: Object to the form. 14:09:58	
24 believe -- four. 14:07:26		24 THE WITNESS: In any individual 14:09:59	
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1 And it's been your testimony that 14:07:27		1 woman, I would not identify a 14:10:00	
2 ovarian cancer is considered a multifactorial 14:07:32		2 contributing cause, that's correct. I 14:10:03	
3 disease, correct? 14:07:34		3 think I could identify risk factors that 14:10:06	
4 MS. CURRY: Objection. Asked 14:07:36		4 are associated with disease development, 14:10:08	
5 and answered. 14:07:38		5 but I could not identify a contributing 14:10:10	
6 THE WITNESS: Correct. 14:07:38		6 cause. 14:10:14	
7 BY MS. THOMPSON: 14:07:39		7 BY MS. THOMPSON: 14:10:21	
8 Q. And in considering Ms. Newsome's 14:07:40		8 Q. And you reviewed documents for 14:10:21	
9 case, you accepted that it would be possible 14:07:42		9 Ms. Newsome similar to those with the other 14:10:26	
10 to -- for her to get ovarian cancer with one, two 14:07:49		10 plaintiffs, correct, in terms of categories? 14:10:29	
11 risk factors, no risk factors, because she either 14:07:58		11 A. Yes, in terms of categories, the 14:10:35	
12 got cancer or she didn't with what she had, 14:08:06		12 categories of the documents I reviewed were very 14:10:38	
13 correct? 14:08:10		13 similar between all four of the cases that I've 14:10:41	
14 That may not have been a fair 14:08:11		14 reviewed. 14:10:45	
15 statement. Put it in your own words. 14:08:13		15 Q. And that's because you wanted an 14:10:47	
16 MS. CURRY: Object to the form. 14:08:14		16 understanding of her medical history, care and 14:10:51	
17 THE WITNESS: So risk factors 14:08:16		17 treatment, and what type of cancer, and all the 14:10:58	
18 are -- can be positively or negatively 14:08:16		18 information that you could have about her case, 14:11:06	
19 associated with disease. An individual 14:08:20		19 correct?	
20 patient can have zero risk factors, 14:08:23		20 MS. CURRY: Object to the form. 14:11:08	
21 positive risk factors, negative risk 14:08:26		21 THE WITNESS: That is correct. 14:11:09	
22 factors, and yet still get the disease. 14:08:28		22 BY MS. THOMPSON:	
23 So the simple fact that you 14:08:32		23 Q. Let's make that question just a 14:11:26	
24 either document risk factors or not does 14:08:35		24 little simpler. 14:11:29	

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<p>1 You wanted to have a thorough 14:11:29 2 understanding of Ms. Newsome's case, correct? 14:11:32 3 MS. CURRY: Object to the form. 14:11:35 4 THE WITNESS: In order for me to 14:11:36 5 give an opinion for what I was asked to 14:11:38 6 opine on, I believed I had to review all 14:11:41 7 of the records from all of those 14:11:44 8 categories, yes. 14:11:46 9 BY MS. THOMPSON: 10 Q. But you knew before you started 14:11:49 11 reviewing the records that you would not come to 14:11:51 12 the conclusion that her talcum powder use 14:11:53 13 contributed to her ovarian cancer. Is that fair? 14:11:57 14 A. I believe that the current state of 14:12:02 15 the science with epidemiology, in vitro and 14:12:04 16 in vivo studies does not support that the 14:12:09 17 perineal application of talc increases the risk 14:12:12 18 of ovarian cancer in any individual or in the 14:12:15 19 general population. 14:12:19 20 Q. And I wanted to show to you the 14:12:20 21 records that are listed on your reliance list or 14:12:26 22 materials considered for Ms. Newsome are the 14:12:29 23 three articles: The Olson article, and that 14:12:33 24 article addresses the risk of obesity, correct? 14:12:38</p>	<p>1 MS. CURRY: Object to the form. 14:14:03 2 BY MS. THOMPSON: 3 Q. Is that correct? 4 A. I disagree with that. 14:14:05 5 Q. Let's go to the risk factors that 14:14:22 6 you identified with Ms. Newsome. And what are 14:14:30 7 those? 14:14:38 8 A. So Ms. Newsome was obese. She also 14:14:39 9 had evidence of endometriosis in her surgical 14:14:52 10 specimens. And her age. And I don't think she 14:14:57 11 had an early menarche or late menopause. 14:15:10 12 She had two children, the first at 14:15:14 13 age 31. So I think that was not a risk factor 14:15:18 14 for her developing ovarian cancer. She didn't 14:15:21 15 really breastfeed her children for a 14:15:26 16 significantly long time, so I don't think that 14:15:29 17 reduced her risk. She used oral contraceptives 14:15:31 18 for eight to ten years, so that should have 14:15:36 19 theoretically reduced her risk of getting ovarian 14:15:39 20 cancer. And she did not use hormone replacement 14:15:42 21 therapy, so I don't think that increased her 14:15:48 22 risk. 14:15:51 23 She was a smoker at one point, but 14:15:52 24 the literature on that really only shows an 14:15:55</p>
<p style="text-align: right;">Page 506</p> <p>1 A. Yes, ma'am. 14:12:45 2 Q. And Penninkilampi. Why did you 14:12:47 3 choose Penninkilampi to list as a citation 14:12:50 4 reference on this report? 14:12:57 5 A. Because Dr. Clarke-Pearson cited to 14:13:02 6 it in his deposition testimony, and in terms of 14:13:05 7 the attributable risk that he assigned to talc in 14:13:12 8 Ms. Newsome developing ovarian cancer. 14:13:17 9 Q. Is there anything in the 14:13:21 10 Penninkilampi article that supports your opinions 14:13:24 11 in Ms. Newsome's case? 14:13:28 12 A. Well, in -- 14:13:29 13 MS. CURRY: Object to the form. 14:13:34 14 Sorry. Go ahead. 14:13:35 15 THE WITNESS: In Ms. Newsome's 14:13:36 16 case, in Penninkilampi, I think that the 14:13:37 17 cohort studies that were looked at do 14:13:44 18 not support an increased risk of 14:13:47 19 developing ovarian cancer with the 14:13:50 20 perineal application of talc. 14:13:52 21 BY MS. THOMPSON: 14:13:53 22 Q. And you know that the cohort 14:13:53 23 studies do support an association with serous 14:13:58 24 ovarian cancer. 14:14:02</p>	<p style="text-align: right;">Page 508</p> <p>1 increased risk of developing mucinous ovarian 14:15:59 2 cancer, and that's not what she had, so I don't 14:16:02 3 think of that as a particular risk factor for 14:16:05 4 her. 14:16:07 5 Q. When considering those risk 14:16:08 6 factors, did you rule in any of those risk 14:16:11 7 factors as causes of Ms. Newsome's ovarian 14:16:16 8 cancer? 14:16:20 9 MS. CURRY: Object to the form. 14:16:20 10 THE WITNESS: No. 14:16:21 11 BY MS. THOMPSON: 12 Q. Among those that you just listed, 14:16:26 13 did you rule in any of those as contributing 14:16:28 14 causes to her ovarian cancer? 14:16:31 15 A. No. 14:16:33 16 Q. And you did rule out talc as a 14:16:40 17 contributing cause, correct? 14:16:42 18 A. I do not believe that the perineal 14:16:44 19 application of talc was associated with 14:16:48 20 Ms. Newsome developing ovarian cancer. 14:16:49 21 Q. Are there any other factors that 14:16:53 22 you ruled out as being contributing causes? 14:16:55 23 MS. CURRY: Object to the form. 14:17:00 24 THE WITNESS: Well, I don't 14:17:02</p>

		Page 509	Page 511
1	think her breastfeeding history	14:17:03	1 Q. And the usage over 40 years is 14:19:16
2	contributed. I don't think her oral	14:17:07	2 significant. Would you agree? 14:19:20
3	contraceptive use actually helped her,	14:17:12	3 A. It's a long -- 14:19:21
4	because she still got the disease.	14:17:15	4 MS. CURRY: Object to the form. 14:19:21
5	BY MS. THOMPSON:		5 THE WITNESS: Sorry. It's a 14:19:22
6	Q. And is it your understanding that	14:17:23	6 long period of time. 14:19:22
7	Ms. Newsome began using Johnson's baby powder and	14:17:25	7 BY MS. THOMPSON:
8	Shower to Shower in 1975 when she was 14 years	14:17:29	8 Q. If Ms. Newsome were to enter a 14:19:27
9	old? Is that your understanding?	14:17:32	9 cohort study and the question was asked ever use, 14:19:32
10	A. Yes, that is my understanding.	14:17:38	10 would that be relevant for Ms. Newsome who used 14:19:40
11	Q. And she testified, I believe, that	14:17:42	11 it 14,600 times? 14:19:47
12	she used Shower to Shower on occasion when she	14:17:44	12 MS. CURRY: Object to the form. 14:19:50
13	couldn't find Johnson's baby powder. Do you	14:17:47	13 THE WITNESS: Well, that would 14:19:53
14	recall that?	14:17:50	14 be the appropriate category if the only 14:19:54
15	A. I -- I have a vague recollection of	14:17:50	15 two categories were ever versus never. 14:19:57
16	that, but I think I reviewed that a long time	14:17:53	16 BY MS. THOMPSON:
17	ago, so I don't --	14:17:56	17 Q. And is it your opinion that the 14:20:04
18	Q. Okay. And she used daily. Is that	14:17:59	18 risk of a woman who used it several times versus 14:20:08
19	your understanding?	14:18:02	19 Ms. Newsome who used it 14,600 times would be the 14:20:19
20	A. That's my understanding.	14:18:03	20 same? 14:20:23
21	Q. And she discontinued the use in	14:18:06	21 MS. CURRY: Object to the form. 14:20:23
22	2015 when she was diagnosed with her endometrioid	14:18:09	22 THE WITNESS: Yes, that is my 14:20:24
23	cancer, correct?	14:18:15	23 opinion, because I do not believe that 14:20:25
24	A. The same year.	14:18:16	24 the perineal application of baby powder 14:20:27
		Page 510	Page 512
1	Q. Did you calculate the number of	14:18:18	1 increases your risk of developing 14:20:31
2	lifetime applications for Ms. Newsome?	14:18:20	2 ovarian cancer regardless of the 14:20:33
3	A. No, I did not.	14:18:23	3 duration or frequency of use. 14:20:36
4	Q. If using a calculator, I multiplied	14:18:27	4 BY MS. THOMPSON:
5	daily use for 40 years and came up with 14,600	14:18:34	5 Q. If Ms. Newsome were entering a 14:20:41
6	applications, would you argue with me on that	14:18:40	6 case-control study and was asked about her talcum 14:20:45
7	one?	14:18:43	7 powder use, would she be subject to recall bias? 14:20:51
8	A. No, ma'am.	14:18:43	8 MS. CURRY: Object to the form. 14:20:57
9	Q. But only if I used a calculator,	14:18:44	9 THE WITNESS: She could be. 14:20:58
10	right?		10 BY MS. THOMPSON:
11	A. Got to have a calculator.	14:18:47	11 Q. Even though she used it daily from 14:21:00
12	MS. CURRY: And also because I	14:18:49	12 age 14 for 40 years? 14:21:03
13	confirmed that on my calculator.	14:18:50	13 A. I think anyone that's looking 14:21:07
14	BY MS. THOMPSON:	14:18:52	14 retrospectively is potentially at risk for recall 14:21:09
15	Q. And you would agree that she would	14:18:55	15 bias.
16	be classified as a frequent user, correct?	14:19:03	16 Q. Do you agree that Ms. Newsome used 14:21:17
17	MS. CURRY: Object to the form.	14:19:05	17 talcum powder in the genital area while she was 14:21:24
18	THE WITNESS: I mean, I can	14:19:05	18 in her 20s and 30s, that period of time that 14:21:26
19	testify that that's the number of	14:19:07	19 O'Brien and her colleagues have stated is a 14:21:32
20	applications that she would have had,	14:19:09	20 critical time for development of ovarian cancer? 14:21:35
21	but the terminology "frequent" I think	14:19:10	21 MS. CURRY: Object to the form. 14:21:37
22	would vary depending upon what	14:19:12	22 THE WITNESS: That's what 14:21:37
23	literature we were looking at.	14:19:15	23 O'Brien states, and as Ms. Newsome 14:21:38
24	BY MS. THOMPSON:	14:19:16	24 started at -- I think it was age 14 14:21:40

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1 for -- then she would have -- and she 14:21:45	1 A. Actually, it was a 26-gene panel, 14:24:23
2 used through 2015, she would have used 14:21:51	2 25 of which were negative. One gene had a VUS 14:24:28
3 through her 20s and 30s, that's correct. 14:21:54	3 and MUTYH. 14:24:35
4 BY MS. THOMPSON:	4 Q. And that was a monoallelic 14:24:37
5 Q. Let's go ahead and look at the ACOG 14:21:57	5 mutation, right? 14:24:43
6 list of risk factors, Exhibit 10 from yesterday 14:22:03	6 A. Yes. 14:24:44
7 and today as well. 14:22:09	7 Q. Do you have any evidence that a 14:24:44
8 A. Yes, I have it. 14:22:11	8 monoallelic MUTYH mutation is a -- presents an 14:24:47
9 Q. And looking at the ACOG list of 14:22:16	9 increased risk for ovarian cancer? 14:24:58
10 risk factors, age older than 55: Ms. Newsome was 14:22:19	10 A. No, I do not. 14:24:59
11 actually younger than 55, correct? 14:22:28	11 Q. And she did have children, correct? 14:25:04
12 A. Let me do the math, 39 and 15 -- 14:22:31	12 A. Yes. 14:25:07
13 she was 54. 14:22:35	13 Q. We have no evidence in the medical 14:25:11
14 Q. Okay. 14:22:37	14 record of infertility; is that right? 14:25:14
15 A. So she's within the age range of 14:22:38	15 A. Not that I saw documented. 14:25:17
16 the largest number of women that get the disease. 14:22:42	16 Q. And I want to talk about 14:25:18
17 Q. Within the range, correct? I think 14:22:53	17 endometriosis a little bit separately. 14:25:20
18 that's what you just said, but -- 14:22:55	18 And she does not have Lynch 14:25:21
19 A. Yes. 14:22:57	19 syndrome, correct? 14:25:24
20 Q. -- I just want to make sure I 14:22:58	20 A. Correct, she does not have any 14:25:24
21 understood. 14:23:00	21 mutations in the mismatch repair genes. 14:25:26
22 And does Ms. Newsome have any 14:23:01	22 Q. And ACOG does not list obesity as a 14:25:29
23 family history of breast cancer, ovarian cancer, 14:23:04	23 risk factor, does it? 14:25:33
24 colon cancer, or endometrial cancer, the family 14:23:07	24 A. No, they do not. 14:25:35
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1 history listed in the ACOG risk factors? 14:23:12	1 Q. And is it your opinion that this 14:25:40
2 A. So she does have a history of 14:23:17	2 was an oversight by ACOG? 14:25:46
3 ovarian cancer, but that relative is several 14:23:23	3 MS. CURRY: Object to the form, 14:25:48
4 lines away. It's not a first-degree relative. 14:23:25	4 calls for speculation. 14:25:50
5 So she reported that her maternal grandmother had 14:23:28	5 THE WITNESS: No, as I answered 14:25:50
6 a sister who had ovarian cancer, so that would 14:23:35	6 before, I don't know exactly what went 14:25:52
7 have been a maternal great aunt. But with that 14:23:37	7 into ACOG listing the risk factors that 14:25:56
8 many lines away, I don't think that that 14:23:41	8 they did. I'm not privy to that 14:25:58
9 influenced her risk of developing ovarian cancer. 14:23:43	9 discussion. 14:26:00
10 Q. So her family history would not in 14:23:45	10 BY MS. THOMPSON:
11 your opinion be strong enough to be considered a 14:23:48	11 Q. Is ACOG making a statement by that 14:26:01
12 risk factor for ovarian cancer. Is that what you 14:23:52	12 omission that obesity is not a risk factor for 14:26:04
13 are saying? 14:23:56	13 ovarian cancer? 14:26:08
14 MS. CURRY: Object to the form. 14:23:56	14 MS. CURRY: Object to the form. 14:26:09
15 THE WITNESS: That's correct. 14:23:57	15 THE WITNESS: I would be 14:26:12
16 BY MS. THOMPSON:	16 speculating. I don't know if it has to 14:26:13
17 Q. And she does not have a personal 14:24:02	17 do with variances in the different 14:26:16
18 history of breast cancer, correct? 14:24:05	18 histotypes or not, but it's not on their 14:26:18
19 A. That's correct. 14:24:07	19 list. 14:26:22
20 Q. And she does not have mutation in 14:24:07	20 BY MS. THOMPSON:
21 BRCA1 or BRCA2, correct? 14:24:10	21 Q. But if you were a physician leading 14:26:24
22 A. That's correct. 14:24:12	22 this list of risk factors from ACOG, would you 14:26:28
23 Q. And Ms. Newsome had a 25-gene panel 14:24:16	23 interpret the list as evidence that ACOG does not 14:26:33
24 testing, correct? 14:24:22	24 consider obesity a risk for ovarian cancer? 14:26:39

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1	MS. CURRY: Object to the form. 14:26:44	1 that we had before that. 14:29:20
2	THE WITNESS: Not necessarily. 14:26:49	2 I guess the simple question is, 14:29:24
3	I don't know what went into them 14:26:50	3 ACOG does not list obesity as a risk factor, 14:29:28
4	creating this list, so I don't think I 14:26:53	4 correct?
5	would make that jump in logic. 14:26:55	5 MS. CURRY: Objection. Asked 14:29:33
6	BY MS. THOMPSON: 14:27:00	6 and answered. 14:29:34
7	Q. But you are of the opinion that not 14:27:00	7 THE WITNESS: That's correct. 14:29:34
8	listing talc is evidence that ACOG does not 14:27:02	8 BY MS. THOMPSON:
9	believe that talcum powder use is a risk factor. 14:27:08	9 Q. And ACOG does not list hormone 14:29:38
10	Isn't that correct? 14:27:11	10 replacement therapy as a risk factor, correct? 14:29:43
11	MS. CURRY: Object to the form. 14:27:11	11 A. That's correct. 14:29:45
12	THE WITNESS: Well, what I said 14:27:12	12 Q. And ACOG does not list talcum 14:29:47
13	before was that talc is not on this 14:27:13	13 powder use as a risk factor, correct? 14:29:50
14	list, but there's also other evidence as 14:27:17	14 A. That's correct. 14:29:53
15	to why ACOG does not consider talc a 14:27:19	15 Q. All right. If we go to the SGO 14:29:53
16	risk factor for the development of 14:27:22	16 list next. 14:30:00
17	ovarian cancer. 14:27:24	17 A. I have it. 14:30:04
18	BY MS. THOMPSON:	18 Q. Looking down at this list, 14:30:10
19	Q. And one of those pieces of evidence 14:27:26	19 Ms. Newsome does not have a genetic mutation that 14:30:20
20	was that there was some suggestion that a woman 14:27:28	20 increases the risk of ovarian cancer. That's 14:30:25
21	could use talcum powder on her abdomen after 14:27:31	21 correct? 14:30:29
22	having abdominal surgery for comfort purposes; is 14:27:37	22 MS. CURRY: Object to the form. 14:30:29
23	that right? 14:27:44	23 THE WITNESS: Not that we've 14:30:29
24	A. That completely misstates my 14:27:44	24 documented, that's correct. 14:30:30
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1	testimony. 14:27:46	1 BY MS. THOMPSON: 14:30:31
2	Q. Okay. Then tell me what -- you did 14:27:47	2 Q. Right. And she did not use hormone 14:30:34
3	mention that ACOG suggested using talc for postop 14:27:49	3 replacement, correct? 14:30:39
4	comfort, but give me your testimony so I don't -- 14:27:58	4 A. There's no documentation that she 14:30:40
5	I don't want to get anything incorrect. 14:28:02	5 used hormone replacement therapy. 14:30:42
6	A. Again, you are misstating my 14:28:04	6 Q. She is obese, correct? 14:30:44
7	testimony. It had nothing to do with comfort. 14:28:06	7 A. I believe that's the case. 14:30:52
8	One of the questions that you asked 14:28:11	8 Q. And I think that the record states 14:30:54
9	me, was I aware of anything that ACOG put forth 14:28:12	9 that she -- her BMI was in the range of 30 to 35, 14:30:58
10	to say that it's safe to use talc, and I replied 14:28:16	10 and was 36.5 at the time of diagnosis. Does that 14:31:05
11	to that by citing to -- I think it's either a 14:28:21	11 sound correct? 14:31:11
12	clinical practice bulletin or a committee opinion 14:28:25	12 A. I think that all sounds within the 14:31:12
13	that recommended surgeons placing talc into an 14:28:28	13 range of what she was, yes. 14:31:14
14	abdominal incision in order to create an 14:28:34	14 Q. And you will agree that the 14:31:19
15	inflammatory response and decrease the risk of 14:28:41	15 literature for obesity is mixed. Is that an 14:31:21
16	wound separation in obese patients. 14:28:43	16 accurate way of describing it? 14:31:29
17	Q. Let's -- and you think it was a 14:28:50	17 MS. CURRY: Object to the form. 14:31:30
18	recommendation for physicians to use? 14:28:54	18 THE WITNESS: I think the 14:31:31
19	A. Yes. 14:28:56	19 literature on obesity is somewhat 14:31:32
20	MS. THOMPSON: Leanna, if we 14:28:59	20 inconsistent. I do believe that's the 14:31:35
21	could pull that up for use later on. We 14:29:01	21 case. 14:31:38
22	won't wait for it right now. 14:29:03	22 BY MS. THOMPSON:
23	BY MS. THOMPSON:	23 Q. For example, I believe the article 14:31:39
24	Q. And -- now I forgot my question 14:29:18	24 that you cited with Ms. Newsome's report, the 14:31:44

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1 Olson paper gave approximately a 1.4 odds ratio 14:31:49	1 thought I would be without actually having it in 14:34:10
2 for obesity. Is that approximately what you 14:31:54	2 front of me. 14:34:14
3 recall? 14:31:58	3 And do you agree that article is 14:34:14
4 A. Yeah, I think the odds ratio was 14:31:58	4 about the risk of gynecological cancer and 14:34:22
5 1.37 as reported by Olson. So, yes, 1.4 is 14:32:05	5 endometriosis, correct? 14:34:26
6 approximate, yes. 14:32:08	6 A. More specifically, it's about the 14:34:29
7 Q. And do you remember seeing the IARC 14:32:09	7 risk of developing ovarian cancer with the 14:34:32
8 monograph on obesity and ovarian cancer? 14:32:14	8 specific type of endometriosis. 14:34:38
9 MS. CURRY: Object to the form. 14:32:17	9 Q. And are you speaking of an ovarian 14:34:42
10 THE WITNESS: I've never looked 14:32:18	10 cancer that arises from an ovarian endometrioma? 14:34:48
11 at that. 14:32:19	11 MS. CURRY: Object to the form. 14:34:57
12 BY MS. THOMPSON:	12 THE WITNESS: Well, that's one 14:34:58
13 Q. I believe the meta-analysis from 14:32:20	13 of the three categories of 14:34:58
14 IARC gave a 1.1 odds ratio with that. Would you 14:32:23	14 endometriosis. 14:35:00
15 have a reason to -- would that surprise you? 14:32:28	15 BY MS. THOMPSON: 14:35:00
16 MS. CURRY: Object to the form. 14:32:34	16 Q. And I think I'm mistaken about 14:35:01
17 THE WITNESS: I -- I mean, I 14:32:35	17 Ms. Newsome's BMI. It actually was not as high 14:35:06
18 think the literature on obesity is 14:32:37	18 as 36. I believe it was -- it ranged from 27 to 14:35:12
19 inconsistent. I think that there have 14:32:39	19 33, so I will correct the record there. 14:35:17
20 been various odds ratios that have been 14:32:42	20 A. See, and I accepted you at face 14:35:23
21 reported. Some of them positive, some 14:32:46	21 value, Margaret. 14:35:25
22 of them not significant. Some of them 14:32:47	22 Q. Well, as we both know, it's very 14:35:27
23 really just demonstrating a -- obesity 14:32:50	23 easy to get these plaintiffs confused sometimes. 14:35:31
24 portending a poor prognosis in general, 14:32:55	24 A. I agree. I don't -- no ill will. 14:35:33
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1 but not necessarily being related to an 14:33:00	1 I just think that she had a BMI of greater than 14:35:35
2 increase risk of development. So I 14:33:03	2 30 at the time of diagnosis is the way that I 14:35:40
3 think there's a lot of variance in the 14:33:06	3 would like to characterize that. 14:35:43
4 literature. 14:33:09	4 Q. Yeah, and I think that's -- that's 14:35:45
5 BY MS. THOMPSON: 14:33:09	5 fair. But I made her a little more obese than 14:35:48
6 Q. And in regards I believe you said 14:33:09	6 she actually was. 14:35:54
7 when we were talking about Ms. Rausa, that the 14:33:11	7 So let's go to the issue of 14:36:06
8 association would be weak or small or something, 14:33:14	8 endometriosis. What is your opinion regarding 14:36:07
9 using those words. 14:33:18	9 the relationship -- particular relationship of 14:36:10
10 Am I remembering correctly? 14:33:21	10 endometriosis and Ms. Newsome's ovarian cancer? 14:36:15
11 MS. CURRY: Object to the form. 14:33:21	11 A. So there is data to support that 14:36:18
12 THE WITNESS: I think an odds 14:33:23	12 endometriosis can increase the risk of developing 14:36:28
13 ratio of 1.37 is a modest association. 14:33:26	13 ovarian cancer, in particular the clear cell and 14:36:34
14 BY MS. THOMPSON:	14 endometrioid histologies. And Ms. Newsome had 14:36:38
15 Q. And let's talk a little bit about 14:33:36	15 the endometrioid histology. 14:36:45
16 the third article on your citation is the 14:33:38	16 The reason that I cited to the 14:36:49
17 Saavalainen, or something like that. 14:33:58	17 Saavalainen paper is because they looked at where 14:36:56
18 A. Would you mind if I spell it for 14:33:50	18 the endometriosis physically was, whether it was 14:37:00
19 Leslie? Would that be okay? 14:33:52	19 the infiltrating type or endometriosis in the 14:37:05
20 Q. Leslie would appreciate that, I'm 14:33:54	20 peritoneum or an ovarian endometrioma. And they 14:37:11
21 sure. 14:33:55	21 looked at the differential risks of developing 14:37:18
22 A. I'm going to butcher it as well. 14:33:55	22 ovarian cancer with those varying types of 14:37:21
23 So it's S-A-A-V-A-L-A-I-N-E-N. 14:33:58	23 endometriosis. 14:37:24
24 Q. And I was actually closer than I 14:34:05	24 Q. And is there any notation of 14:37:30

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1	endometriosis in her medical record? 14:37:34	1	Q. Okay. Fair enough. Thank you for 14:40:03
2	MS. CURRY: Object to the form. 14:37:37	2	clarifying that. 14:40:06
3	THE WITNESS: Not in her 14:37:42	3	But similar to other risk factors, 14:40:08
4	original path report from her surgery, 14:37:43	4	you would not consider her endometriosis as a 14:40:11
5	but in Dr. Longacre's expert report she 14:37:45	5	cause of her ovarian cancer. Am I correct? 14:40:17
6	identified endometriosis. 14:37:52	6	A. I would not attribute causation of 14:40:21
7	BY MS. THOMPSON: 14:37:54	7	her ovarian cancer to her endometriosis. I just 14:40:25
8	Q. So -- well, is there any evidence 14:37:54	8	know from the literature that the histology that 14:40:28
9	of endometriosis in her original operative 14:37:58	9	she had, the endometrioid histology, is more 14:40:31
10	report? 14:38:02	10	commonly associated in the presence of 14:40:36
11	A. I believe that there is. I believe 14:38:02	11	endometriosis than it is in patients without 14:40:40
12	that Dr. Steren described a posterior cul-de-sac 14:38:05	12	endometriosis. 14:40:43
13	that was somewhat obliterated, consistent with 14:38:20	13	Q. And you're not offering the opinion 14:40:44
14	pelvic adhesive disease, and that the right 14:38:25	14	that if she were to have endometriosis, as 14:40:49
15	adnexal mass was stuck to the right pelvic side 14:38:31	15	Dr. Longacre found, that it would have 14:40:53
16	wall. And he described it as under the 14:38:34	16	contributed to her ovarian cancer? 14:40:58
17	cul-de-sac. So I believe that that adhesive 14:38:37	17	MS. CURRY: Object to the form. 14:41:02
18	disease was representative of endometriosis. 14:38:41	18	THE WITNESS: I'm simply stating 14:41:05
19	Q. But Dr. Steren doesn't actually 14:38:47	19	that she had a risk factor which has 14:41:06
20	state that he found endometriosis when he was 14:38:49	20	been known to increase the risk of 14:41:09
21	exploring her abdomen, correct? 14:38:52	21	developing ovarian cancer. 14:41:11
22	A. He does not describe it as 14:38:55	22	MS. THOMPSON: Let's go to 14:41:32
23	endometriosis, no. He describes it as adhesive 14:38:57	23	Dr. Godleski's report. 14:41:33
24	disease. 14:39:00	24	(Exhibit No. 41 was marked for
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1	Q. And the hospital pathology report 14:39:01	1	identification.)
2	does not identify any endometriosis on her 14:39:03	2	THE WITNESS: Okay, Margaret,
3	pathology, correct? 14:39:07	3	I'm ready.
4	A. It does not. 14:39:08	4	BY MS. THOMPSON:
5	Q. So what you're relying on for your 14:39:10	5	Q. Okay. And similar to Ms. Rausa and 14:42:28
6	opinion that Ms. Newsome has endometriosis and 14:39:14	6	Ms. Judkins, Dr. Godleski looked at the histology 14:42:31
7	that the endometriosis is a risk factor for 14:39:21	7	with light microscopy, correct? 14:42:37
8	ovarian cancer is the defense expert's review of 14:39:25	8	A. Yes. 14:42:41
9	her pathology, correct? 14:39:30	9	Q. Did Dr. Godleski confirm an 14:42:41
10	A. So that's a bit of a compound 14:39:32	10	endometrioid carcinoma? 14:42:45
11	question. 14:39:34	11	A. Yes, he did. 14:42:48
12	MS. CURRY: Object to the form.	12	Q. Did he find any endometriosis? 14:42:49
13	Sorry.	13	A. He did not report one way or 14:42:51
14	THE WITNESS: So I am relying 14:39:35	14	another if there was endometriosis. 14:42:53
15	upon Dr. Longacre's report for 14:39:37	15	Q. And would you assume if he did not 14:42:56
16	diagnosing the endometriosis from 14:39:41	16	report it, that he did not find endometriosis? 14:42:59
17	Ms. Newsome's pathology specimens, 14:39:44	17	A. No. 14:43:03
18	correct. But what I am relying upon for 14:39:47	18	MS. CURRY: Object to the form. 14:43:03
19	whether or not endometriosis is 14:39:51	19	THE WITNESS: No, not 14:43:04
20	associated with an increased risk of 14:39:53	20	necessarily. 14:43:05
21	developing the disease in general is the 14:39:55	21	BY MS. THOMPSON:
22	literature that has been published on 14:39:58	22	Q. So it's your opinion that 14:43:12
23	that topic. 14:40:00	23	Dr. Godleski could have found endometriosis but 14:43:13
24	BY MS. THOMPSON:	24	not included it in his report? 14:43:15

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1	MS. CURRY: Object to the form. 14:43:17	1	find? 14:45:44
2	THE WITNESS: That's correct. 14:43:18	2	MS. CURRY: Object to the form. 14:45:45
3	BY MS. THOMPSON:	3	THE WITNESS: You would have to 14:45:46
4	Q. And the second step in Godleski's 14:43:25	4	be more specific, ma'am. 14:45:47
5	process that we've been over a couple of times 14:43:27	5	BY MS. THOMPSON:
6	today is using polarized light to identify the 14:43:30	6	Q. Did Dr. Godleski find asbestos? 14:45:49
7	birefringent particles. 14:43:38	7	A. He reported that he found 14:45:53
8	Is that your understanding? 14:43:39	8	something -- I'm just quoting from his report -- 14:45:59
9	A. Yes, ma'am. 14:43:41	9	with a spectrum typical of tremolite asbestos. 14:46:02
10	Q. And following the identification of 14:43:41	10	Q. And so Dr. Godleski, according to 14:46:09
11	the birefringent particles, Dr. Godleski 14:43:44	11	his report, also found tremolite asbestos in 14:46:12
12	performed SEM and EDS, correct? 14:43:50	12	Ms. Newsome's tissues, correct? 14:46:17
13	A. That's correct. 14:43:53	13	MS. CURRY: Object to the form. 14:46:20
14	Q. And the purpose of those are to 14:43:55	14	THE WITNESS: That's what he 14:46:20
15	determine whether particles are consistent with 14:44:00	15	reported. 14:46:21
16	talc and/or asbestos, correct? 14:44:03	16	BY MS. THOMPSON:
17	A. That's my understanding. 14:44:06	17	Q. And in each of these reports from 14:46:23
18	Q. And whether they are in a fibrous 14:44:09	18	Dr. Godleski on Ms. Judkins, Ms. Rausa, and 14:46:34
19	form or a particle form. Is that your 14:44:11	19	Ms. Newsome, do you have an opinion as to how the 14:46:38
20	understanding? 14:44:15	20	particles that Dr. Godleski identified got into 14:46:46
21	MS. CURRY: Object to the form. 14:44:15	21	the tissue? 14:46:53
22	THE WITNESS: I don't know that 14:44:16	22	MS. CURRY: Object to the form. 14:46:57
23	level of detail. 14:44:17	23	THE WITNESS: No, I do not. But 14:47:01
24	BY MS. THOMPSON: 14:44:18	24	I don't -- I do not think it was from 14:47:03
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1	Q. Okay. And what did Dr. Godleski 14:44:19	1	the perineal application of talc. 14:47:05
2	find in Ms. Newsome's case? 14:44:26	2	BY MS. THOMPSON: 14:47:08
3	A. He found in the tissues that he 14:44:31	3	Q. And no idea how else it could get 14:47:08
4	examined a total of 31 particles, 15 of which 14:44:34	4	there? 14:47:11
5	were -- that he thought represented talc were in 14:44:39	5	A. I do not have an opinion on that. 14:47:11
6	the left ovary, and one particle in the right 14:44:44	6	Q. Okay. And similar to the other 14:47:22
7	ovary. 14:44:48	7	cases, you did not look at Dr. Longo's exposure 14:47:37
8	Q. Would you agree that actually 30 of 14:44:59	8	report regarding Ms. Newsome's usage, correct? 14:47:45
9	the 30 -- all of the 30 were actual talc 14:45:01	9	A. Ms. Newsome's usage? 14:47:56
10	particles, 30 of the 31 were non-fibrous, and one 14:45:05	10	Q. Talcum powder usage -- excuse me, 14:47:59
11	was a talc fiber? 14:45:10	11	Dr. Longo's exposure report. 14:48:02
12	MS. CURRY: Object to the form. 14:45:12	12	A. I've not reviewed Dr. Longo's 14:48:04
13	BY MS. THOMPSON:	13	report. 14:48:06
14	Q. If you look at the bottom of 14:45:13	14	Q. Have you reviewed Dr. Longo's 14:48:10
15	page 3, that paragraph at the end of page 3. 14:45:15	15	analysis of asbestos and talc fibers present in 14:48:10
16	A. Yes, I see where you are. 14:45:21	16	bottles that she had in her home? 14:48:17
17	Q. And do you think that's a correct 14:45:29	17	A. I have not -- 14:48:20
18	reporting of Dr. Godleski's findings? 14:45:34	18	MS. CURRY: Object to the form. 14:48:21
19	MS. CURRY: Object to the form. 14:45:36	19	THE WITNESS: I have not 14:48:22
20	THE WITNESS: I have no reason 14:45:36	20	reviewed any report from Dr. Longo. 14:48:23
21	to question the veracity of what he was 14:45:37	21	BY MS. THOMPSON: 14:48:26
22	reporting. 14:45:40	22	Q. Did you see in Dr. Clarke- 14:48:29
23	BY MS. THOMPSON: 14:45:42	23	Pearson's report or deposition what Dr. Longo 14:48:37
24	Q. And what else did Dr. Godleski 14:45:43	24	found in Ms. Newsome's bottles? 14:48:43

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1 A. I do not recall the specifics of 14:48:46	1 record that she was prescribed a pessary 15:00:09
2 that portion of Dr. Clarke-Pearson's report. 14:48:48	2 following her surgery for the ovarian cancer? 15:00:13
3 Q. You did not see that Dr. Longo 14:48:52	3 A. No, I do not. 15:00:20
4 found asbestos in Ms. Newsome's talcum powder 14:48:55	4 Q. What is a pessary used for in 15:00:22
5 bottles? 14:49:00	5 gynecology? 15:00:24
6 MS. CURRY: Object to the form. 14:49:01	6 A. A pessary can be used to help 15:00:25
7 THE WITNESS: I did not review 14:49:02	7 prevent pelvic prolapse or to reduce something 15:00:29
8 Dr. Longo's report. 14:49:03	8 like a rectocele. 15:00:32
9 BY MS. THOMPSON:	9 Q. And does that -- if Ms. Judkins was 15:00:34
10 Q. Would that influence your opinions 14:49:05	10 prescribed a pessary following surgery, does that 15:00:44
11 at all if you did learn that Dr. Longo found 14:49:08	11 influence your opinions at all as to what was 15:00:48
12 asbestos in Ms. Newsome's Johnson baby powder 14:49:16	12 causing the bulge that she -- that was seen prior 15:00:52
13 bottles? 14:49:22	13 to her surgery? 15:00:57
14 MS. CURRY: Object to the form. 14:49:22	14 A. No. 15:00:58
15 THE WITNESS: No, it would not, 14:49:23	15 Q. Does it influence your opinion that 15:01:01
16 because my opinion is based upon the 14:49:24	16 the rectocele and cystocele and uterine prolapse 15:01:05
17 literature for the perineal application 14:49:26	17 resulted from pressure from the adnexal mass? 15:01:11
18 of talcum powder, and that literature 14:49:31	18 A. No. 15:01:14
19 does not support an increased risk of 14:49:32	19 Q. Okay. Let's go to Ms. Judkins' 15:01:18
20 developing ovarian cancer. So what the 14:49:34	20 current condition. What is your understanding of 15:01:26
21 constituents are of the talcum powder is 14:49:37	21 Ms. Judkins' current condition? 15:01:30
22 not relevant to my report. Or opinion. 14:49:39	22 A. So the last medical record that I 15:01:41
23 MS. THOMPSON: If we could take 14:49:49	23 saw was dated December 5th, 2023, and she was 15:01:46
24 a short break now, I would like to come 14:49:50	24 still in remission at that time. 15:01:55
Page 534	Page 536
1 back and just admit the -- the more 14:49:55	1 Q. To your knowledge, does Ms. Judkins 15:02:02
2 recent medical records, and have your 14:50:01	2 have any residual effects from her chemotherapy 15:02:03
3 testimony on the current condition of 14:50:03	3 or other treatment? 15:02:10
4 each plaintiff. 14:50:05	4 MS. CURRY: Object to the form. 15:02:11
5 And if I could find that ACOG 14:50:06	5 THE WITNESS: I do not have any 15:02:12
6 document, I will go look for that during 14:50:10	6 knowledge of that. 15:02:13
7 this short break, and then that should 14:50:13	7 BY MS. THOMPSON:
8 be all I have. 14:50:15	8 Q. And so Ms. Judkins was diagnosed 15:02:16
9 THE WITNESS: Okay. Thank you, 14:50:16	9 in -- let me make sure that I get this right -- I 15:02:27
10 Margaret. 14:50:18	10 believe it was 2016. 15:02:36
11 MS. THOMPSON: Thank you. 14:50:19	11 A. Correct, it was December of 2016. 15:02:38
12 Let's just come back in five or 14:50:21	12 Q. And so she's currently eight years. 15:02:40
13 ten, okay? 14:50:23	13 In your view, what is Ms. Judkins' prognosis? 15:02:49
14 THE WITNESS: Sounds good. 14:50:24	14 A. So she -- so I don't have any 15:02:54
15 (Recess.) 14:59:35	15 medical records from right now. The last medical 15:02:57
16 BY MS. THOMPSON: 14:59:35	16 record I have is from December of 2023. So that 15:03:00
17 Q. I have one question on Ms. Judkins, 14:59:36	17 would be seven years that she has not had a 15:03:05
18 and then we will put in the recent medical 14:59:38	18 recurrence, so I would consider her cured. 15:03:08
19 records, and then I believe we have the ACOG 14:59:40	19 Q. Okay. Let's move to -- well, let's 15:03:11
20 document that you're referring to that we'll 14:59:45	20 move to Ms. Rausa. What is Ms. Rausa's current 15:03:21
21 show, and then from my standpoint, I'll be done. 14:59:48	21 condition? 15:03:26
22 A. Okay. 14:59:52	22 A. So the last medical record that I 15:03:27
23 Q. Dr. Saenz, going back to a long 15:00:01	23 saw any documentation of was dated January 4th, 15:03:31
24 time ago, Ms. Judkins, do you recall seeing a 15:00:04	24 2024, and at that time Ms. Rausa was still being 15:03:37

		Page 537	Page 539	
1	treated with a combination of bevacizumab,	15:03:43	1	supplemental records for Ms. Newsome as
2	cytoxan, and pembrolizumab. And that was in	15:03:53	2	the next exhibit.
3	January of 2024 is the last notation I saw. So	15:04:03	3	MS. CURRY: 43. 15:06:28
4	she has active disease.	15:04:06	4	(Exhibit No. 43 was marked for
5	MS. THOMPSON: Leslie, could we	15:04:08	5	identification.) 15:06:38
6	mark as our next exhibit -- they can be	15:04:10	6	MS. THOMPSON: And I believe
7	all combined -- the additional medical	15:04:14	7	that's all. 15:06:39
8	records for Ms. Rausa.	15:04:17	8	And, Dawn, are you going to have
9	THE WITNESS: I think she's		9	questions? 15:06:42
10	referring to the supplemental materials		10	MS. CURRY: I don't believe that
11	considered.		11	I do actually. No questions from me. 15:06:47
12	MS. THOMPSON: The supplemental,		12	(A discussion was held off the
13	that would be great. Thank you, Doctor.		13	record.)
14	MS. CURRY: Do you want them	15:04:38	14	MS. CURRY: She will review and
15	marked as three different exhibits? We	15:04:39	15	sign. 15:09:08
16	have one for Rausa, one for Newsome and	15:04:41	16	(Recess.) 15:09:10
17	one for Converse.	15:04:44	17	MS. THOMPSON: Let's go back on
18	MS. THOMPSON: Probably.	15:04:46	18	the record for one other thing.
19	MS. CURRY: So the one for Rausa	15:04:48	19	I think Leanna is going to put
20	will be marked as Exhibit 42.	15:04:50	20	15:29:54
21	(Exhibit No. 42 was marked for		21	Exhibit No. -- 45. 15:29:57
22	identification.)		22	MS. PITTARD: Yes, it's in the
23	BY MS. THOMPSON:		23	15:30:03
24	Q. Okay. And Ms. Rausa has recurrence	15:04:56	24	chat. 15:30:04
				MS. THOMPSON: -- in the chat. 15:30:04
				I believe this was the document that you 15:30:05
		Page 538	Page 540	
1	and is being treated for active disease, correct?	15:04:58	1	were referring to earlier -- 15:30:07
2	A. That's my understanding as of	15:05:01	2	MS. CURRY: Hold on. We have to 15:30:10
3	January of 2024. I don't have any more current	15:05:03	3	pull it up. 15:30:12
4	information.	15:05:06	4	THE WITNESS: Hold on. I have 15:30:13
5	Q. And Ms. Rausa originally had a	15:05:07	5	to get it. 15:30:14
6	stage 3 serous -- high grade serous ovarian	15:05:11	6	No, there is no document in the 15:30:16
7	cancer, correct?	15:05:21	7	chat yet. Oh, there it is. Thank you. 15:30:18
8	A. Correct, stage 3A, high grade	15:05:21	8	MS. CURRY: And hold on, this is 15:30:20
9	serous.	15:05:25	9	44. 15:30:22
10	Q. And what is Ms. Rausa's prognosis	15:05:25	10	(Exhibit No. 44 was marked for 14:10:28
11	in your opinion?	15:05:28	11	identification.)
12	A. She very likely will die of her	15:05:28	12	BY MS. THOMPSON:
13	disease.	15:05:31	13	Q. We will go to the sentence about
14	Q. And let's go to Ms. Newsome.	15:05:34	14	15:30:23
15	A. Okay. The last medical record that	15:05:40	15	A. Okay. Where are you? 15:30:25
16	I saw for Ms. Newsome was dated -- it was a	15:05:44	16	Q. Now, I don't have it up. 15:30:26
17	telehealth visit with Dr. Garg, and that was	15:05:51	17	Dr. Saenz, have you had a chance to
18	dated June of 2023. So she was diagnosed in	15:05:54	18	15:31:06
19	March of 2015, so that's a little bit over eight	15:06:00	19	review that document marked as Exhibit 44? 15:31:08
20	years that she has gone without a recurrence.	15:06:05	20	A. Yes.
21	And given that it's been longer than five years,	15:06:08	21	Q. And is this the document you were
22	I would consider her cured.	15:06:12	22	15:31:19
23	MS. THOMPSON: And we'll mark	15:06:18	23	referring to previously about the application in
24	the most recent records, your	15:06:20	24	15:31:21
				an abdominal incision? 15:31:41
				MS. CURRY: Margaret, she needs 15:31:41
				you to repeat the question. 15:31:42

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1	MS. THOMPSON: Oh, I'm sorry.	15:31:43	1	patience.	15:34:02
2	BY MS. THOMPSON:		2	THE WITNESS: Thank you so much,	15:34:02
3	Q. Is this the document that you were	15:31:46	3	Margaret. Have a good evening.	15:34:04
4	referring to earlier regarding the application of	15:31:49	4	MS. CURRY: Thank you. Goodbye.	15:34:05
5	talc in an abdominal incision?	15:31:53	5	(Whereupon, the deposition of	
6	A. Yes.		6	CHERYL C. SAENZ, M.D. concluded at 3:35	
7	Q. And this is -- to identify it, it's	15:31:59	7	p.m.)	
8	a committee opinion from ACOG, correct?	15:32:02	8		
9	A. Yes.	15:32:07	9		
10	Q. And the title is "Gynecologic	15:32:09	10		
11	Surgery in the Obese Woman," correct?	15:32:12	11		
12	A. Correct.	15:32:16	12		
13	Q. Dated January 2015, correct?	15:32:16	13		
14	MS. CURRY: Object to the form.	15:32:19	14		
15	THE WITNESS: And reaffirmed in	15:32:21	15		
16	2019.	15:32:23	16		
17	BY MS. THOMPSON:		17		
18	Q. And reaffirmed in 2019.	15:32:25	18		
19	And the reference to talc is on	15:32:28	19		
20	page -- I don't see page numbers on mine, but	15:32:34	20		
21	it's just before Conclusions and Recommendations,	15:32:42	21		
22	if you'll go to that sentence.	15:32:45	22		
23	A. Okay.	15:32:48	23		
24	Q. And it states: "Although data are	15:32:50	24		
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1	limited, postoperative wound complications may be	15:32:53	1	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER	
2	lessened in the obese patient after abdominal	15:32:58	2	The undersigned Certified Shorthand Reporter	
3	hysterectomy with subcutaneous suture placement,	15:33:03	3	does hereby certify:	
4	talc application or wound vacuum."	15:33:07	4	That the foregoing proceeding was taken before	
5	Did I read that correctly?	15:33:09	5	me at the place and time therein set forth, at which	
6	A. Yes.		6	time the witness was duly sworn; That the testimony	
7	Q. And this would be a one-time	15:33:13	7	of the witness and all objections made at the time	
8	application in the abdominal incision, correct?	15:33:15	8	of the examination were recorded stenographically by	
9	A. That's correct.	15:33:17	9	me and were thereafter transcribed, said transcript	
10	Q. One concluding question if I may.	15:33:23	10	being a true and correct copy of my shorthand notes	
11	Dr. Saenz, have all the opinions that you intend	15:33:25	11	thereof; That the dismantling of the original	
12	to give at trial included in your general report,	15:33:29	12	transcript will void the reporter's certificate.	
13	the four plaintiff case-specific reports and your	15:33:38	13	In witness thereof, I have subscribed my name	
14	testimony here today?	15:33:42	14	this date: July 4, 2024.	
15	MS. CURRY: Object to the form	15:33:43	15		
16	of the question.	15:33:44	16		
17	THE WITNESS: Unless you ask me	15:33:45	17	LESLIE A. TODD, CSR, RPR	
18	something else at trial, yes.	15:33:47	18	Certificate No. 5129	
19	MS. THOMPSON: Okay. Dawn, you	15:33:48	19		
20	don't have anything?	15:33:55	20		
21	MS. CURRY: I have no questions	15:33:55	21		
22	today. Thank you.	15:33:56	22		
23	MS. THOMPSON: Okay. Thank you,	15:33:57	23	(The foregoing certification of	
24	Dr. Saenz. I appreciate your time and	15:33:59	24	this transcript does not apply to any	
			25	reproduction of the same by any means,	
				unless under the direct control and/or	
				supervision of the certifying reporter.)	

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1 INSTRUCTIONS TO WITNESS 2 Please read your deposition over 3 carefully and make any necessary corrections. You 4 should state the reason in the appropriate space on 5 the errata sheet for any corrections that are made. 6 After doing so, please sign the errata 7 sheet and date it. 8 You are signing same subject to the 9 changes you have noted on the errata sheet, which 10 will be attached to your deposition. It is 11 imperative that you return the original errata sheet 12 to the deposing attorney within thirty (30) days of 13 receipt of the deposition transcript by you. If you 14 fail to do so, the deposition transcript may be 15 deemed to be accurate and may be used in court. 16 17 18 19 20 21 22 23 24 25	Page 545	Page 547
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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate.

The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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